

The Indian landscape: challenges facing the right to health of adolescents and youth



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India's commitment to realising adolescents' and youth's right to health

- Laws ranging from the Prohibition Of Child Marriage Act, 2006 to the Protection of Children from Sexual Offences Act 2012 and the Criminal Law (Amendment Bill) 2013
- Policies and programmes such as the Population Policy 2000, the National Youth Policy 2003, the National Policy for the Empowerment of Women 2001, the NRHM and National Adolescent Health Strategy 2006 have all recognised the need to address the young....
- International agreements including ICPD 1994 and UNCPD 2012 on the right to health: The right to health is respected and every young person has access to health services, including counselling and health services for sexual and reproductive health of appropriate quality and sensitive to adolescents' concerns (ICPD)
- The MOHFW's *Rashtriya Kishor Swasthya Karyakram* 2014 that envisions that all adolescents in India are able to realise their full potential by making informed and responsible decisions related to their health and well-being

Rationale and objectives

- Adolescents (aged 10-19) and youth (aged 15-24) comprise 365 million, about 30% of India's population – they will shape the future of the nation
- Despite India's commitments and although current cohorts of youth are healthier and better educated than ever before, vulnerabilities persist, and evidence suggests that many young people are not making a healthy transition to adulthood
- This presentation:
 - Outlines the key health vulnerabilities of the young
 - Summarises key challenges and opportunities in addressing young people's health needs and rights

HEALTH VULNERABILITIES OF ADOLESCENTS AND YOUTH: THE SITUATION



Key health vulnerabilities of the young

- Sexual and reproductive health, including intimate partner violence
- Malnutrition and anaemia
- Mental health and substance misuse
- Unintentional injuries and other forms of violence

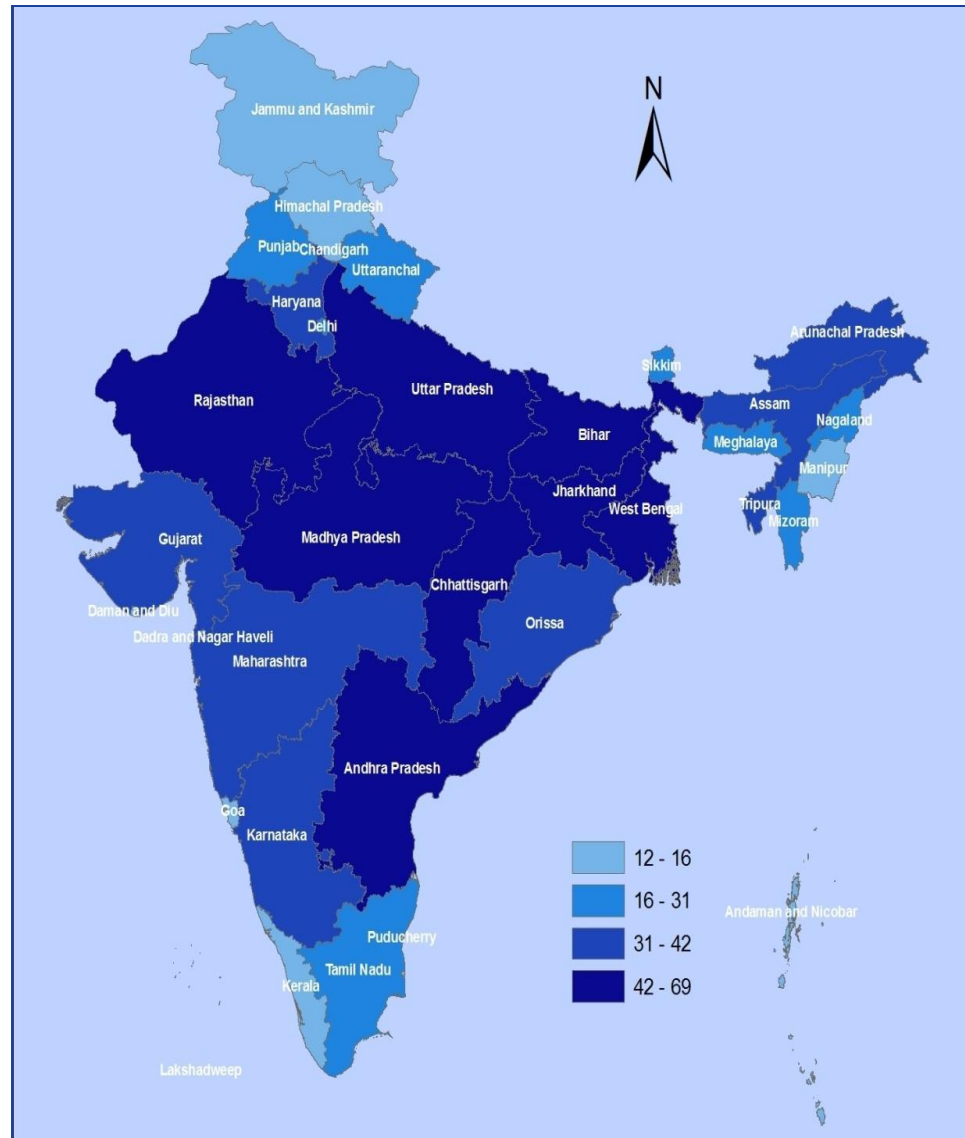
SEXUAL AND REPRODUCTIVE HEALTH

SEXUAL INITIATION OCCURS EARLY



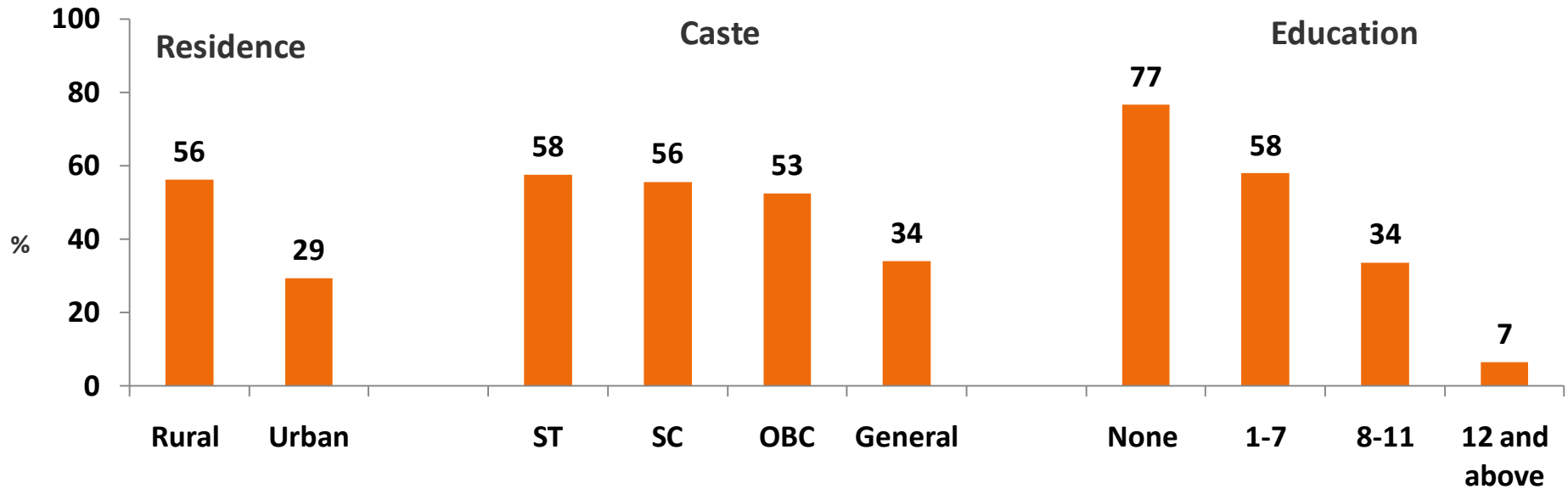
Initiation of sexual relations within marriage

- Almost half of young women aged 20-24 married as children (<18) and almost one-fifth before age 15
- Secular trend towards increased marriage age: but at this rate, 1/3 girls will marry in adolescence by 2015
- Very few young men marry before age 20, but one quarter before the legal minimum age of 21



Which girls are most vulnerable to child marriage?

% 20-24 year-old young women married by age 18

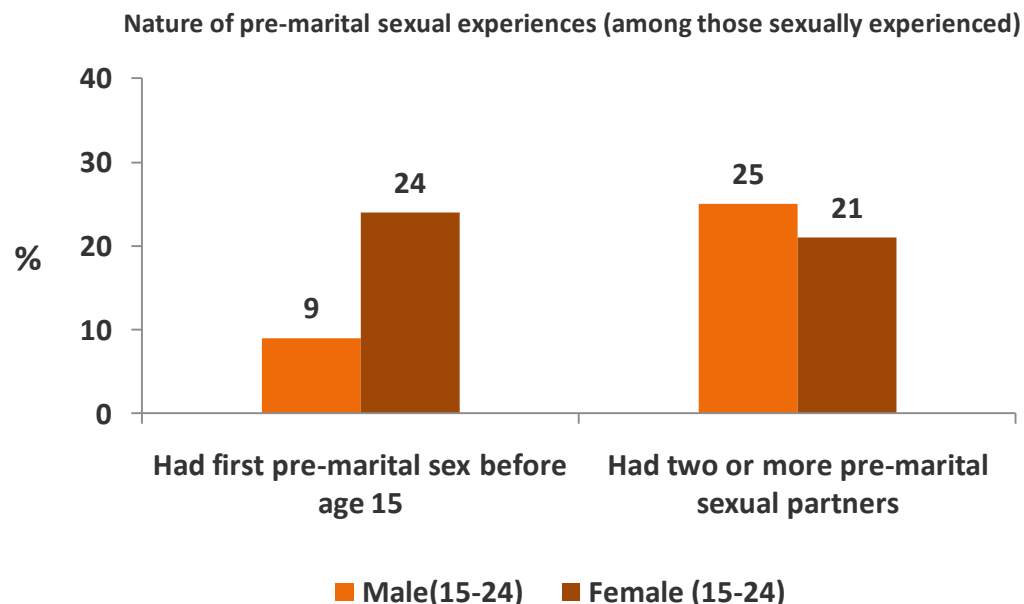
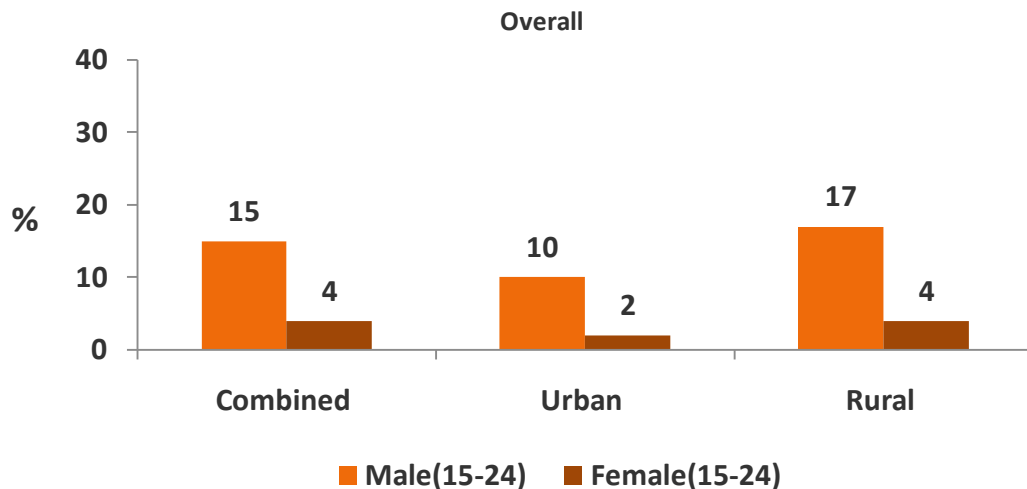


- Rural girls almost twice as likely as urban girls
- Girls in socially excluded castes more likely than those in general castes
- Poorly educated girls far more likely than better educated ones
- Differences by religion & household economic status also notable (not shown in figure)

Source: IIPS and Macro International 2007

Pre-marital sexual experiences: Extent, 2006-07*

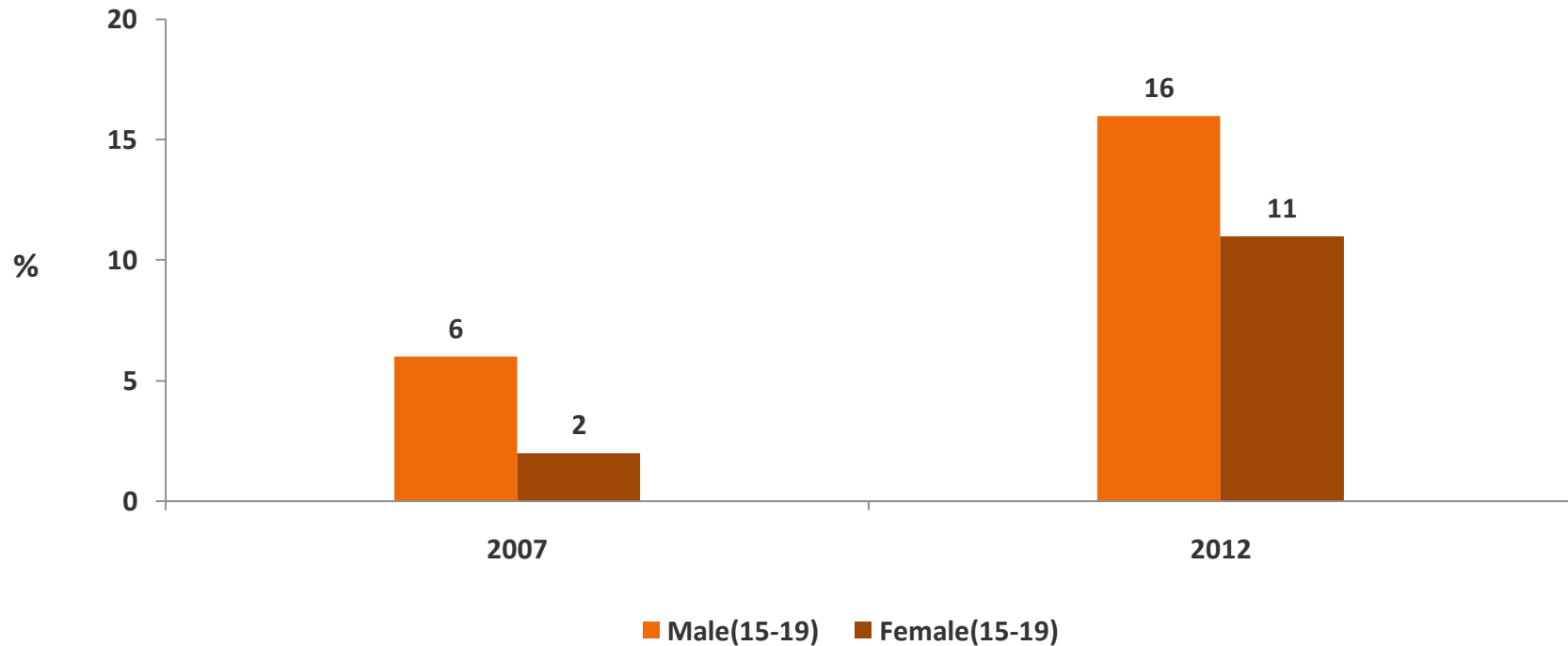
- One in 7 adolescent boys/young men and 4% of adolescent girls/young women had pre-marital sex
- Among the sexually experienced, early initiation, multiple partner relation



**Face-to-face interview or anonymous format (sealed envelope). Partners include romantic partner, forced sex, exchange sex, casual partner or spouse before marriage and for young men also same-sex partner, sex worker relations, sex with married woman*

Source: IIPS and Population Council, 2010

Change over time in pre-marital sex: experiences of adolescents aged 15-19, Rajasthan, 2007 to 2012



- A state-level study of adolescents aged 15-19 in 2007 and 2012 shows huge increases in percentages of boys and girls reporting pre-marital sexual experience in Rajasthan
- Indication of what may be happening nationwide

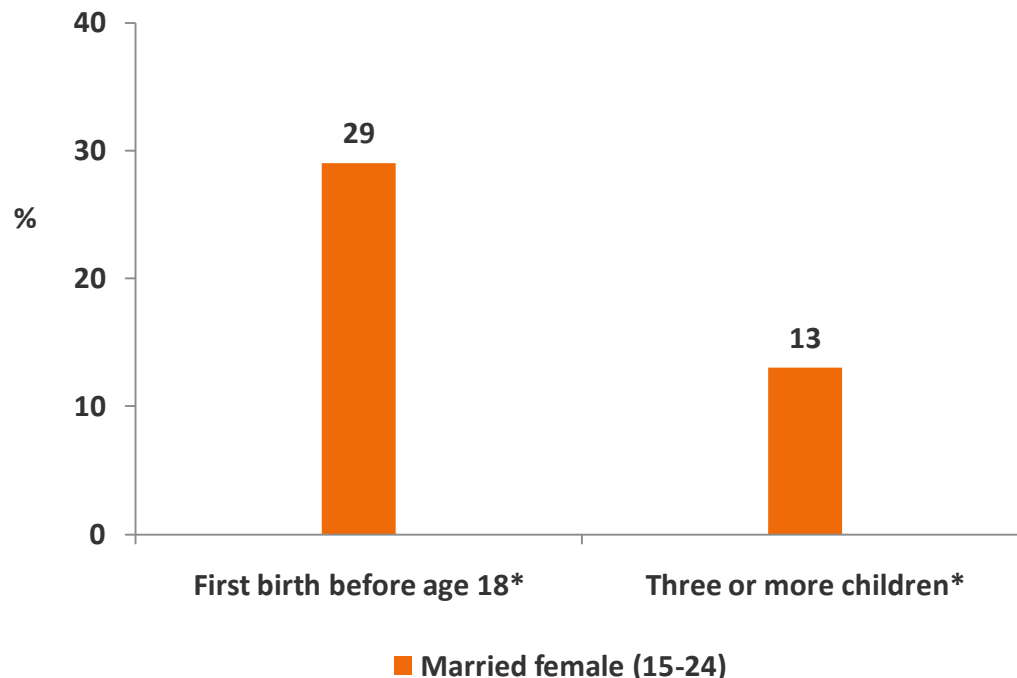
Source: Population Council, 2014

EARLY PREGNANCY AND RELATED RISKS



Pregnancy at a young age

- 29% of married young women initiated childbearing before age 18
- So did 4% and 9% of adolescent/young boys and girls who reported engaging in pre-marital sex
- Births too closely spaced: 13% (married) already had 3 or more children
- Deaths due to maternal disorders (excluding abortion) account for 6.3% of all deaths to 15-19 year old girls
- DALYs lost due to maternal disorders (excluding abortion) account for 4.7% of all DALYs lost to 15-19 year old girls
- Adolescents and young women aged 15-24 now (2010-2012) account for 46% of all maternal deaths, up from 41% in 2007-09
- Young mothers experience high rates of neonatal mortality: 54 per 1000 live births among those aged 15–19 to 34 among older women



Source: IIPS and Macro International 2007; Office of Registrar General 2009; 2014; Jejeebhoy et al., 2010a

UNINTENDED PREGNANCY AND ABORTION



Unintended pregnancy and abortion among the young

- 17% of 15-24 year old married girls reported that their last pregnancy was mistimed or unwanted
- Large proportions of married abortion seekers are young (15-24): over half in one study
- Study of college students found that 17% of boys indicated that they had made their girl friend pregnant and most of these pregnancies were aborted
- 15-24 year old abortion seekers, especially the unmarried, delay seeking it into the second trimester: 25% of unmarried and 9% of married young abortion seekers
- Abortion related deaths account for 1.6% of all deaths to 15-19 year old girls, and DALYs lost due to abortion for about 1% of all DALYs lost to girls in this age group

UNMET NEED FOR CONTRACEPTION



Unmet need for contraception

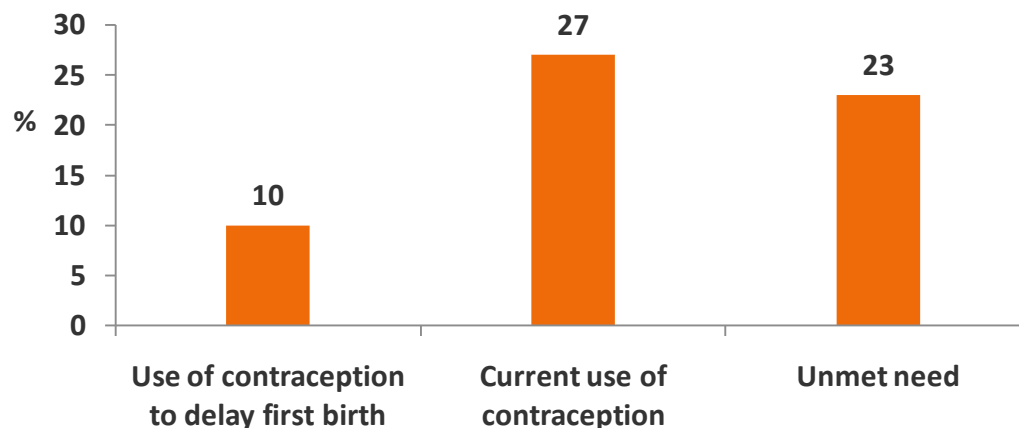
AMONG THE MARRIED

- More than half of married girls 15-24 report a demand to delay the first pregnancy, but just 10% of those with a demand actually practised contraception
- Just 27% of married girls practised contraception compared to 68% of adult women aged 30-34
- Almost 1 in 4 married girls (15-24) had an unmet demand for contraception, compared to 11% of adult women aged 30-34

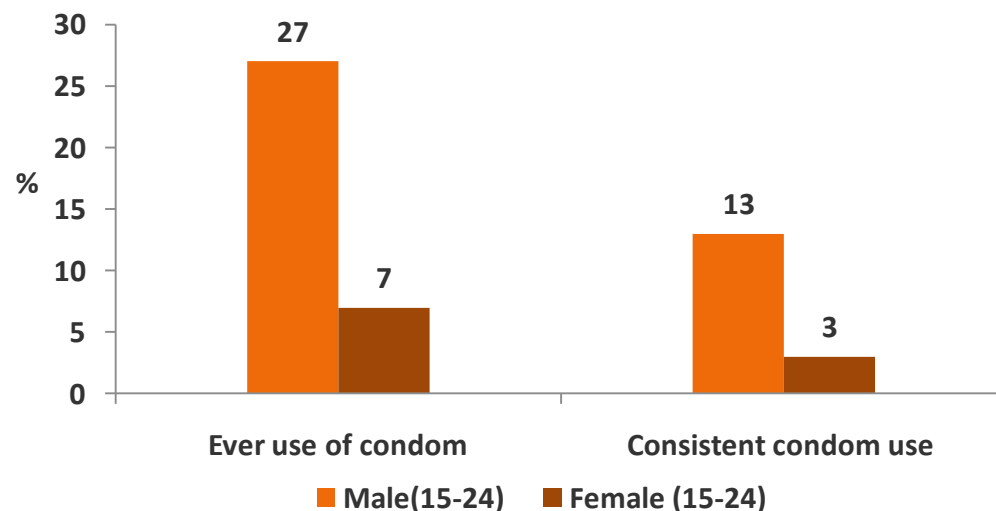
AMONG THE UNMARRIED

- Condoms ever used by just 27% and 7% of sexually experienced boys and girls, respectively
- Consistent condom use by 13% and 3% respectively

Married girls (15-24)



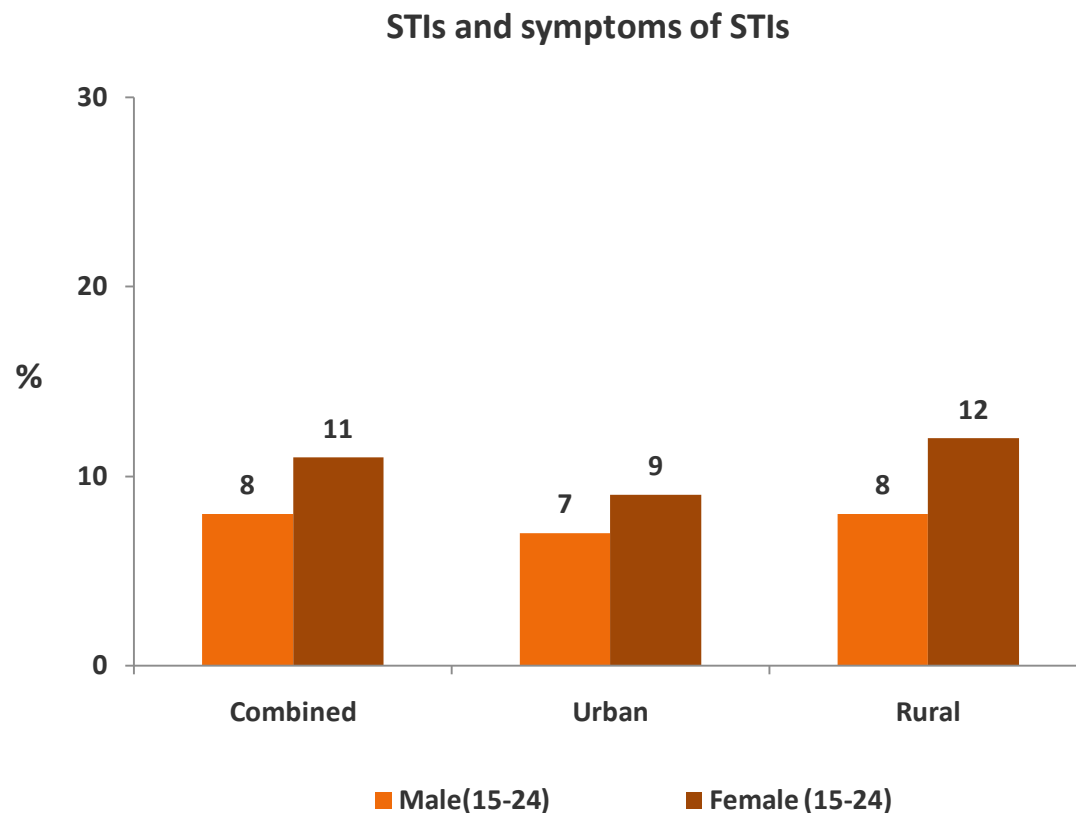
Unmarried adolescents and youth (15-24)



STIs AND HIV

STIs and HIV among the young

- About 10% of young men and women reported symptoms of infection
- HIV prevalence among 15-24 year olds is 0.1% for both girls and boys
- Deaths due to STIs and HIV account for 0.65% and 0.64% of the deaths occurring to 15-19 year old boys and girls
- STIs and HIV account for 0.5% and 0.46% of DALYs lost to 15-19 year old boys and girls

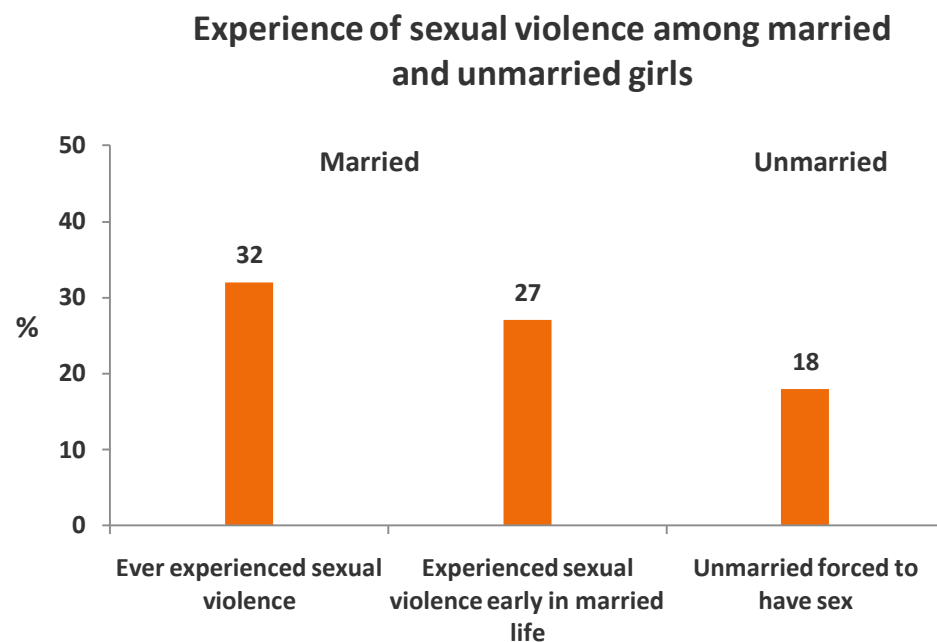


INTIMATE PARTNER VIOLENCE



Intimate partner violence experienced by girls

- 25% of married girls had ever experienced physical violence and 32% sexual violence;
- For large proportions, violence was initiated early in marriage
- Among sexually experienced unmarried girls, 18% had a forced pre-marital sexual encounter
- Young women who experience physical and/or sexual violence are much more likely than others to experience:
 - Symptoms of gynaecological morbidity (OR : 1.5-2.6)
 - Unwanted or mistimed pregnancy (OR 1.2-1.6)
 - Abortion (OR 1.4-2)
 - Pregnancy loss (1.1-1.5)



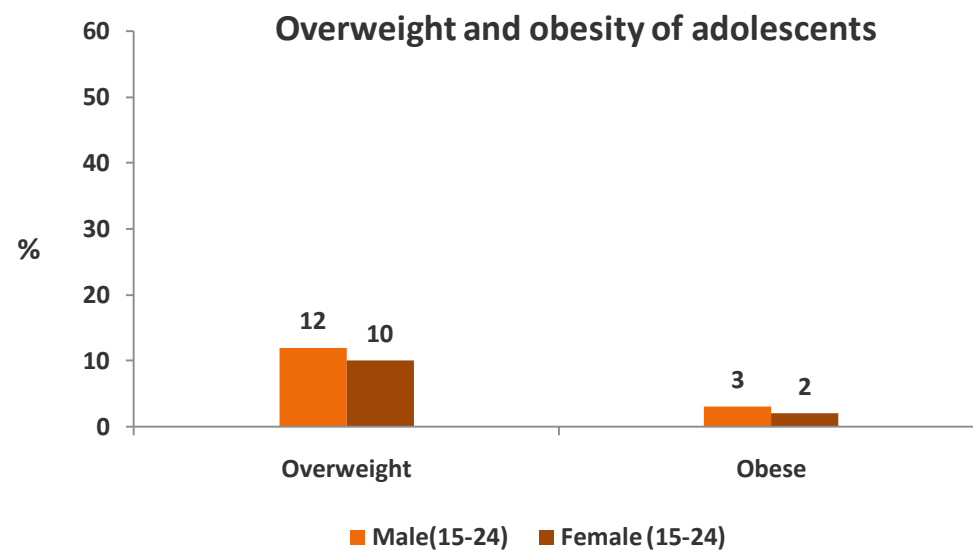
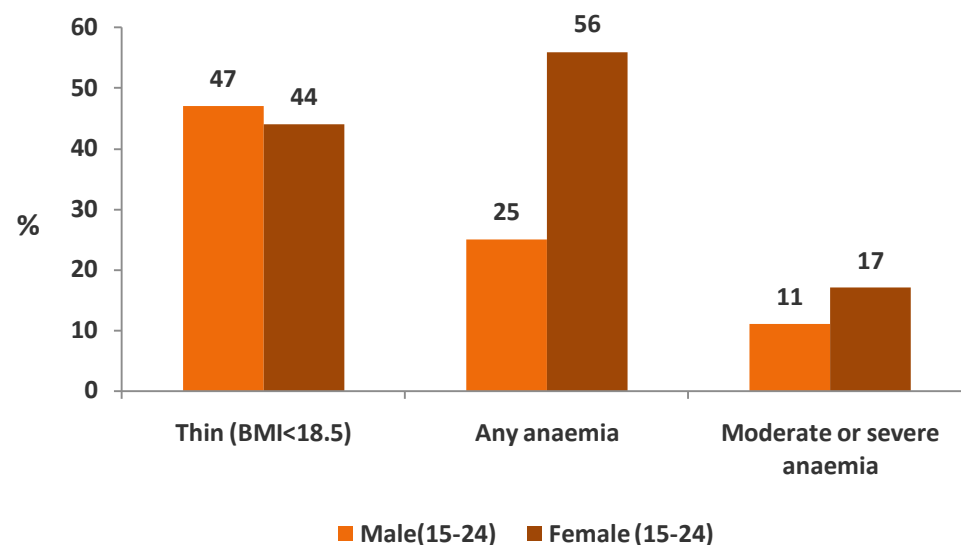
Source: IIPS and Population Council 2010

OTHER LEADING HEALTH CONCERNS



Nutritional status and anaemia

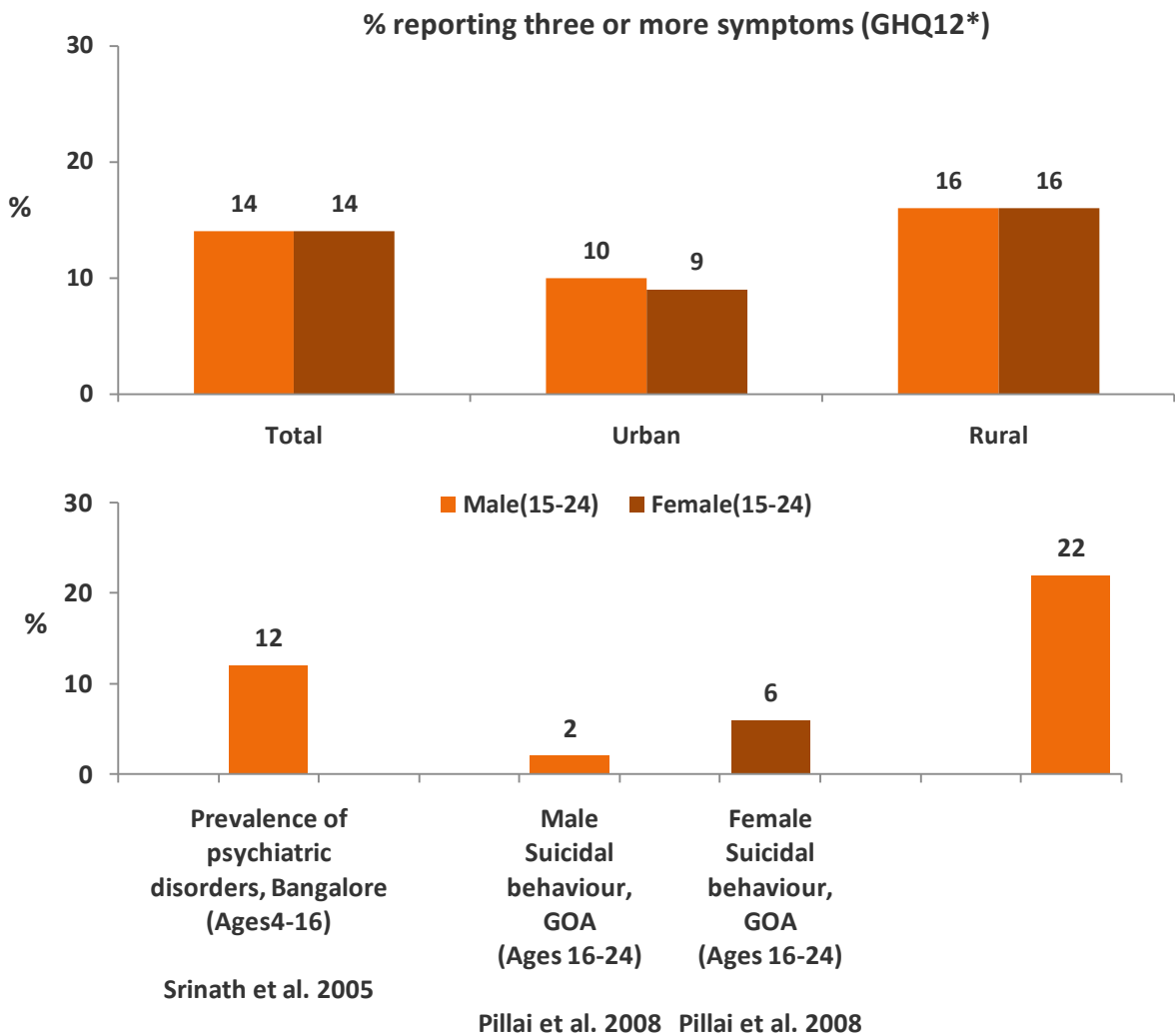
- 44-47% of adolescents and youth abnormally thin (BMI<18.5)
- 56% of adolescent and young women and 25% of adolescent and young men are anaemic
- 31% of pregnant young women and 19% of lactating young women are moderately or severely anaemic (not shown in figure)
- 2-3% of adolescent boys and girls obese; 10-12% overweight



Source: Parasuraman et al. 2009; Global School-based Student Health Survey (GSHS) 2007

Mental health problems among youth

- 1 in 7 young men and women reported responses indicative of mental health disorders
- Small studies in various settings using different indicators reiterate mental health concerns
- DALYs lost due to mental health concerns account for 9.5% and 6.6% of all DALYs lost to 15-19 year old girls and boys

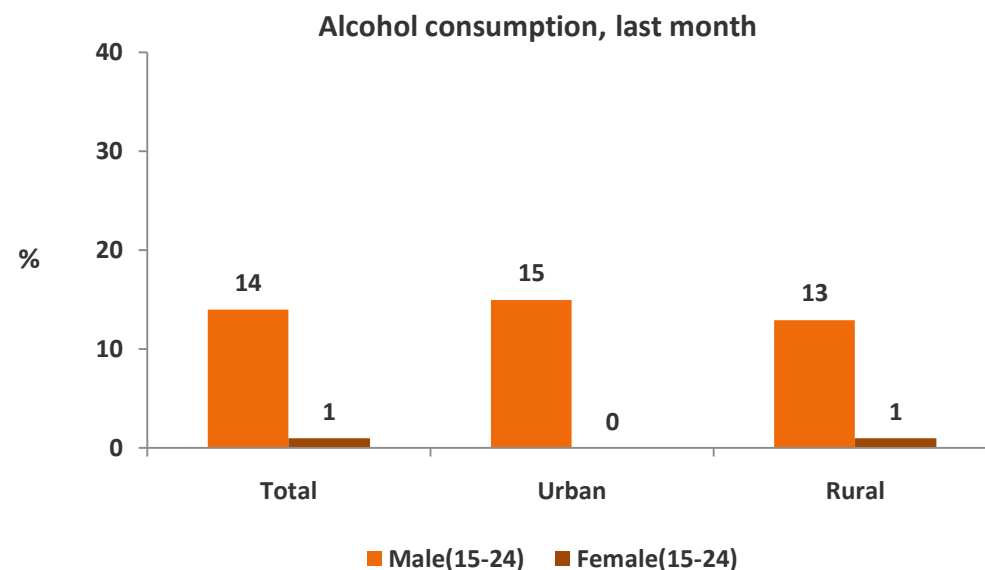
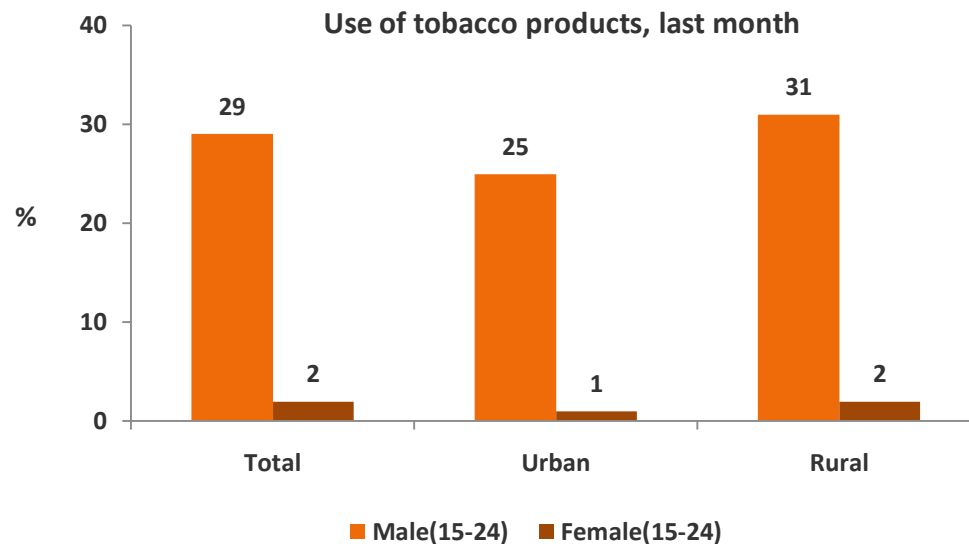


*GHQ 12: WHO questionnaire (Goldberg 1990): 12 items including inability to concentrate, sleeplessness, loss of confidence, depression etc

Source: **IIPS and Population Council 2010; GBD 2010

Substance use

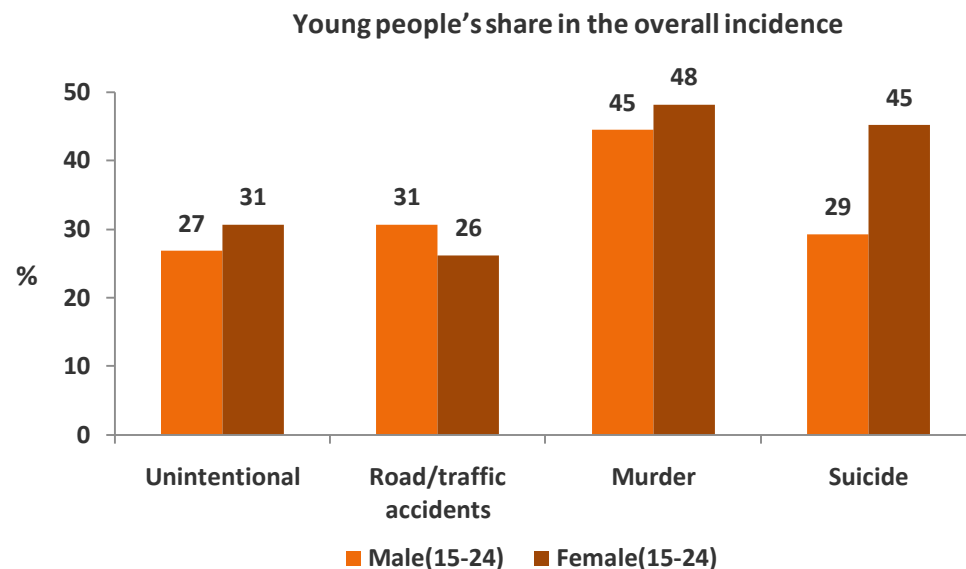
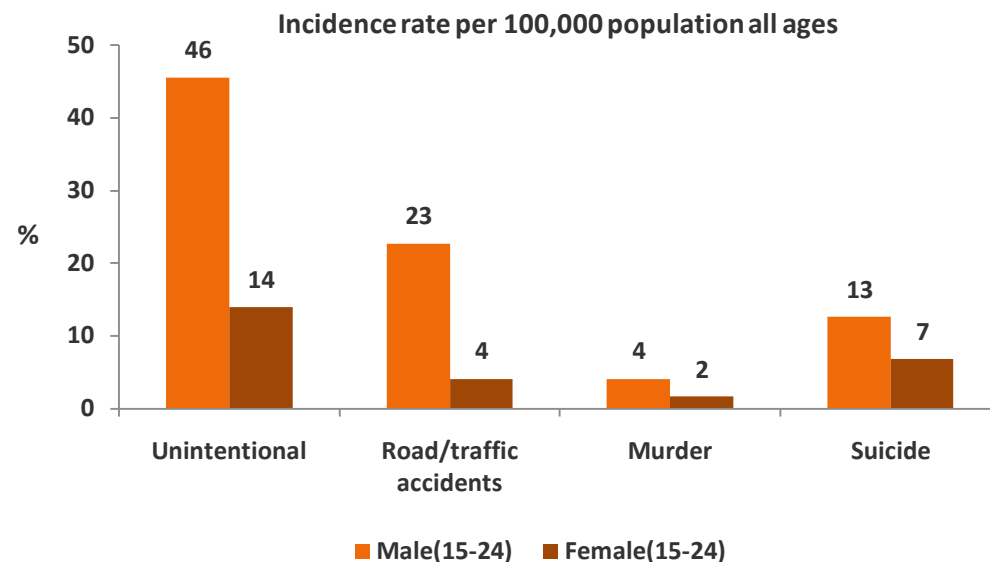
- 29% young men and 2% of young women reported consumption of tobacco products (smoking, chewing) in the last month
- 14% of young men and 1% of young women reported that they had consumed alcohol in the last month
- One-third of young men who consumed alcohol reported being drunk sometimes or often
- Drug use <0.5%



Source: IIPS and Population Council 2010

Deaths due to unintentional injuries and violence

- Data are very limited
- Overall incidence of deaths due to injuries, unintentional or intentional, is substantial
- Adolescents and youth account for a major share of these deaths



CHALLENGES AND OPPORTUNITIES IN ADDRESSING YOUNG PEOPLE'S HEALTH NEEDS AND RIGHTS

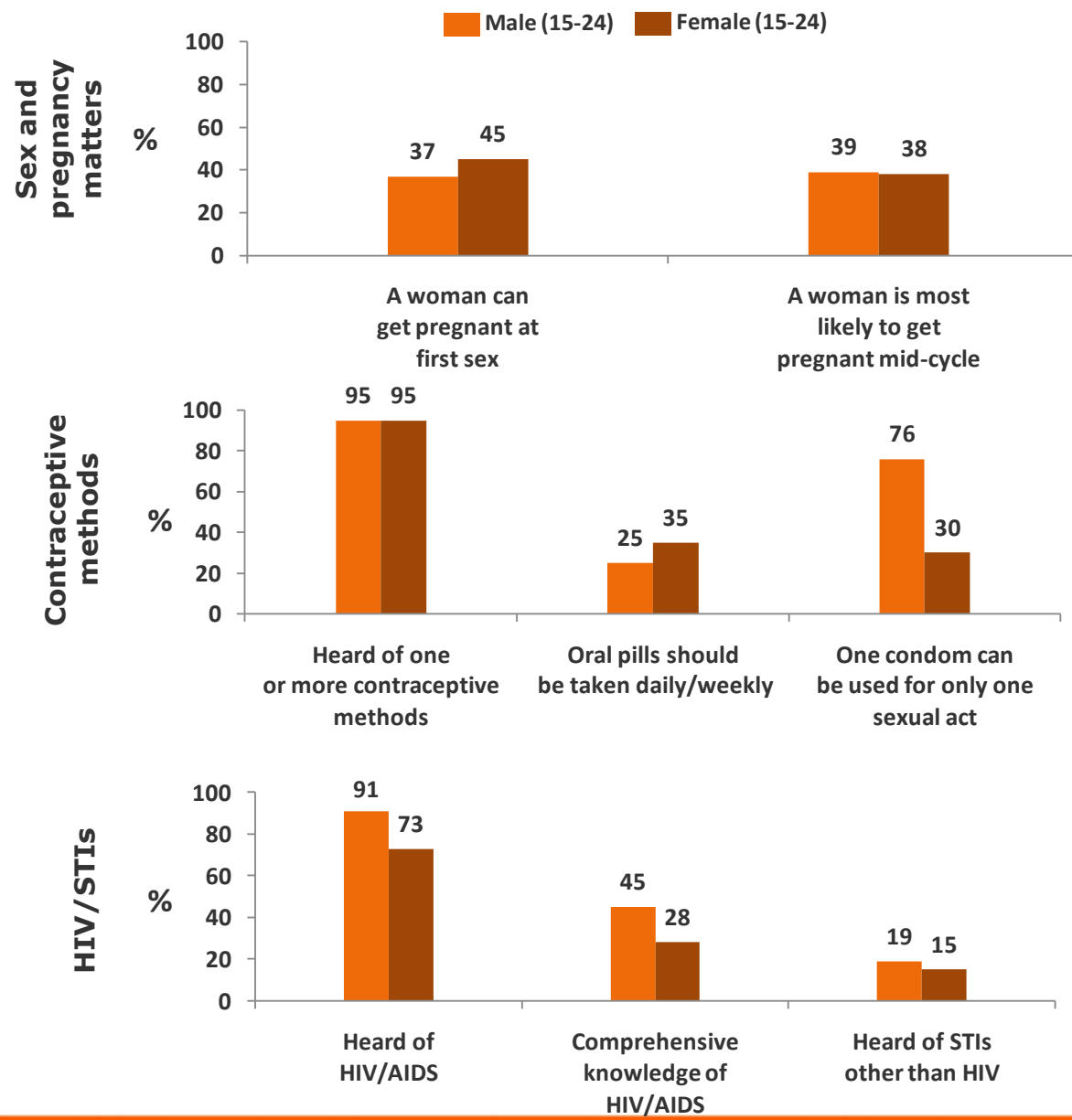


ACCESS TO HEALTH PROMOTING INFORMATION



Awareness of basic SRH related issues limited

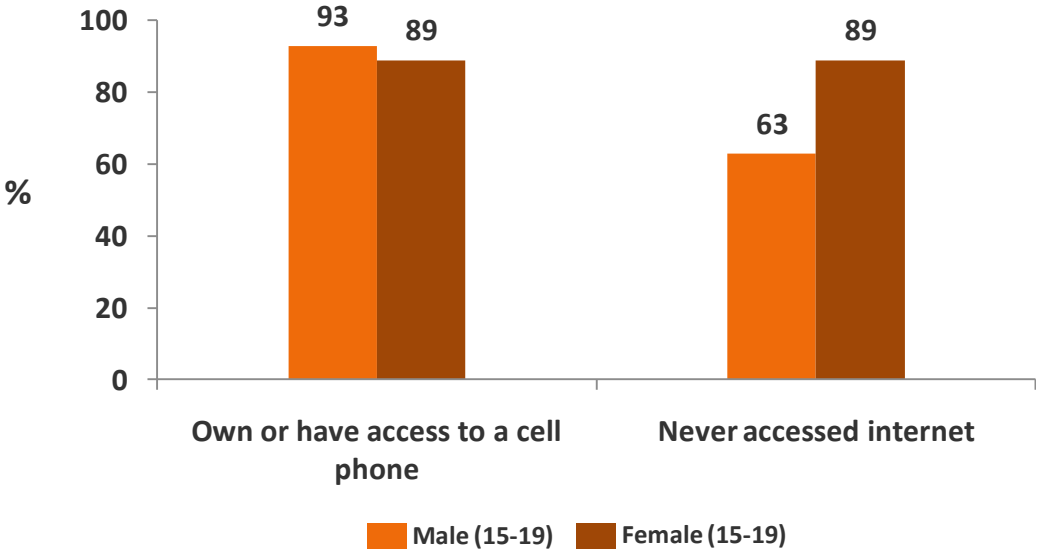
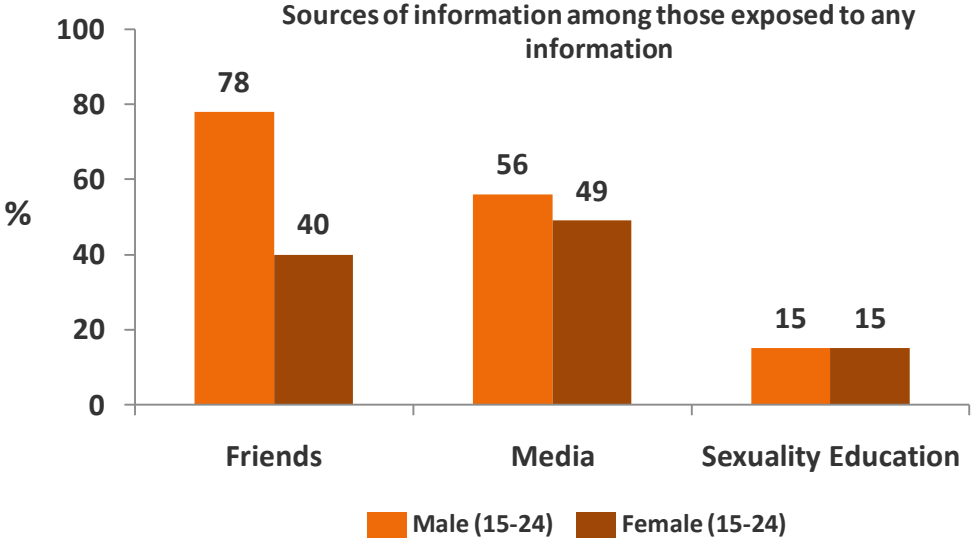
- Most have heard of contraception and HIV/AIDS, but in-depth awareness very limited
- Few (25-35%) know how frequently oral pills are taken; just 30% of young women know that one male condom can be used just once
- Few know about modes of HIV transmission (28-45%)
- Few have heard of other STIs (<20%)



Source: IIPS and Population Council 2010

Sources of information on SRH matters

- Most adolescents who have information received it from peers and the media
- Just 15% have been exposed to sexuality education
- Access to social media, internet limited: for example, in Rajasthan, while 9 of 10 adolescents and youth own or have access to a cell phone, the majority – 63% of boys and 89% of girls have never accessed the internet in Rajasthan

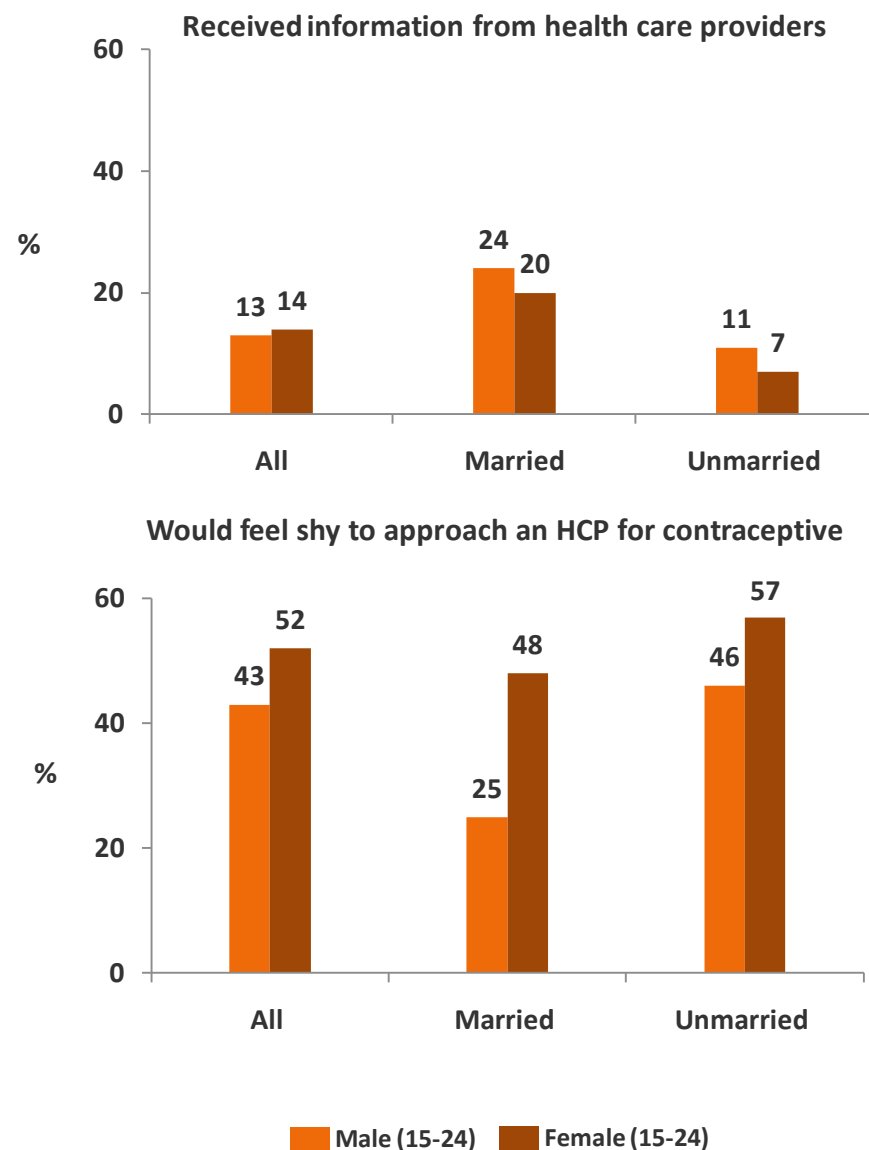


Sources: IIPS and PC, 2010; PC, 2014

**ACCESS TO HEALTH SERVICES,
INCLUDING COUNSELLING AND HEALTH
SERVICES FOR SEXUAL AND
REPRODUCTIVE HEALTH**

Access to SRH services is limited

- Just 13-14% had ever received SRH information or counselling from a HCP, more married than unmarried
- Large proportions of young men and women would hesitate to procure contraceptives from health care providers or pharmacies
- *“Health care providers ask too many questions”* (boys, MP)
- Those who report no discomfort are twice as likely as those who do to use condoms
- If experiencing symptoms of infection, those who report no discomfort are 1.3 times more likely to have sought treatment from formal providers



Source: IIPS and Population Council 2010; Santhya et al., 2011; Sabarwal and Santhya, 2012

Accessing Adolescent Friendly Health Clinics

Awareness and use of AFHCs is very limited

- Just 5% of young men and 8% of young women were aware of AFHCs and <1% had ever accessed AFHC services
- All providers noted that AFHC awareness and attendance are very limited

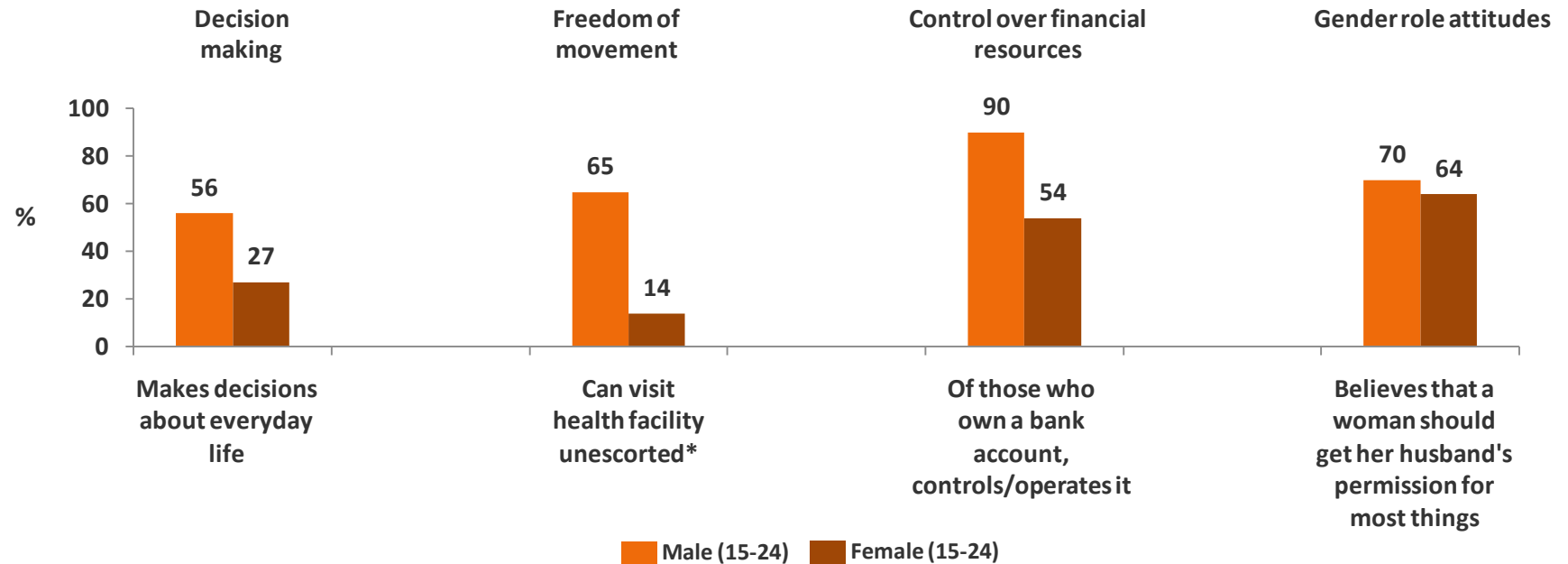
Wide-ranging obstacles, expressed by youth and providers:

- Of youth who sought information about contraceptive methods and condoms, only about 2/3 got information and even fewer got supplies
- Some providers judgemental: *He didn't give me condoms but told me that engaging in sex with extra-marital partners is wrong*
- In one-quarter of visits, other clients were present during the consultation: *There was no privacy; the doctor wasn't comfortable in explaining things to me. I also hesitated to narrate my problem*
- Confidentiality: *Some young people are worried about confidentiality of services* [ANM]
- Providers uncomfortable: *It is difficult for staff nurses as some boys are polite, but some are very naughty and rude; they ask questions deliberately and staff nurse would definitely feel awkward* [staff nurse]

AGENCY, GENDER EGALITARIAN ROLES AND ATTITUDES AND SAFE SPACES



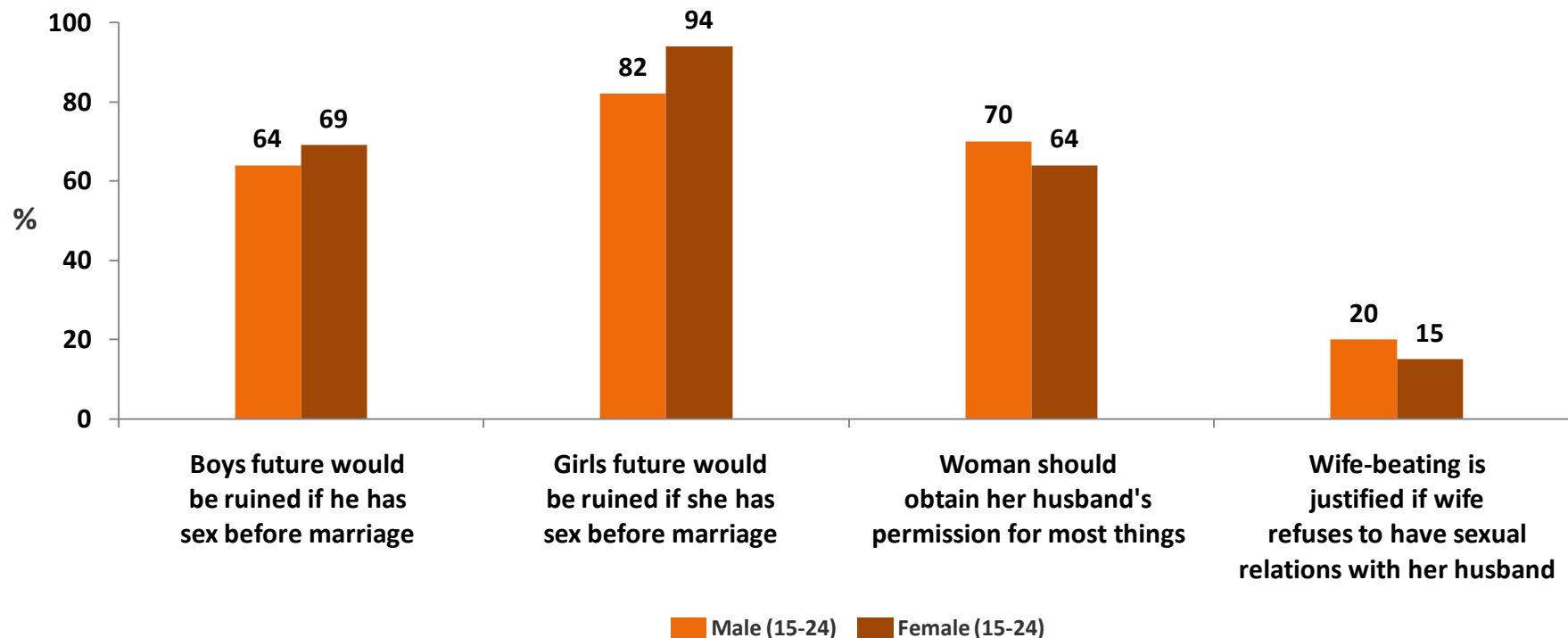
Limited agency and peer networks among girls and young women



- Decision-making, freedom of movement, control over financial resources constrained among young women
- Many adolescent girls - 41-47% in northern states had no say in the selection of their husband; *"What is there to ask? We don't ask anyone. She knew she was getting married only when the garland was put around her neck"* [mother, Rajasthan]
- Girls' peer networks are much smaller and their access to safe spaces more limited than boys

Source: IIPS and Population Council 2010; Santhya et al., 2007

Unequal gender norms



- Traditional notions of masculinity and male entitlement persist
- Even among young adolescents: *"It is more important for boys to be educated" because boys have to do a job and girls don't have to do so... Girls will go to their in-laws one day but boys will be here forever....Boys can serve the parents when they grow ill...They can support them...They will get money for them...Girls can't (13-14 year old boys)*

Source: IIPS and Population Council 2010; Santhya et al., 2013

SAFE AND SUPPORTIVE ENVIRONMENT



Limited family support

Young people have the right to be cared for, guided and supported by parents, families and society; they should support and guide young people in adopting health promoting practices (ICPD)

The reality

- Less than 10% of young men and women obtained information on SRH matters from their mother or father
- Few are informed by teachers or HCPs



“To talk with your sons and daughters is not possible. Parents will not talk like that because our culture is not that type”

“One should not tell children about all these things; one should let them learn about these things after they get married. We should not say anything about sexual relationships to our children before they get married”

Limited support from the leadership

Sex on promise of marriage is not rape: Court

'Pre-Marital Sex Immoral In Every Religion'

New Delhi: Pre-marital sex is "immoral" and against the "tenets of every religion", a Delhi court has said that while holding that every act of sexual intercourse between two adults on the promise of marriage does not become rape.

Additional sessions judge Virender Bhat also held that a woman, especially grown up, educated and office-going, who has sexual intercourse on the assurance of marriage does so "at her own peril".

"In my opinion, every act of sexual intercourse between two adults on the assurance of promise of marriage does not become rape, if the assurance or promise is not fulfilled later on by the boy," the judge said.

"When a grown up, educated and office-going woman subjects herself to sexual intercourse with a friend or colleague on the



Man rapes woman colleague for 3 yrs

A 24-year-old woman from Rajkot had allegedly been raped for three years by her colleague in different parts of Gujarat on the promise of marriage. The accused disappeared from Surat in September 2013. Police booked Anit Verma on Friday evening after a complaint was made by the rape survivor. The woman is a diploma engineer and was in Surat since 2010. She was an employee of an online marketing firm for which Verma, too, worked. Her family stays in Rajkot. The woman was allegedly raped by the accused in hotels near Rajkot and other areas of the city. TNN

2009: Rajya Sabha Committee: Adolescent Education Programme "has the potential to pollute young and impressionable minds by exposing them to indecent materials.." and "...[is intended] to promote promiscuity"

2014: Delhi court: "[A girl] must understand that she is engaging in an act which not only is immoral but also against the tenets of every religion"

Hundred and Thirty-fifth Report

on

Petition praying for national debate and evolving consensus on the implementation of the policy for introduction of sex education in the Schools and holding back its introduction until then

(Presented to Hon'ble Chairman, Rajya Sabha on 2nd April, 2009)

(Presented to Rajya Sabha on 9th June, 2009)

RAJYA SABHA SECRETARIAT
NEW DELHI

JUNE, 2009



सत्यमेव जयते

MOVING FORWARD



Moving Forward, an ambitious agenda

- Addressing young people's health needs requires multi-faceted action and inter sectoral collaboration
- More attention to enforcing laws
- ARSH services – are providers reaching the most vulnerable?
- Age-appropriate comprehensive sexuality education inside and out of school to girls and boys
- Start young, include boys and instill gender egalitarian attitudes from an early age
- Safe spaces for girls
- Create a supportive environment: change mindsets of parents, teachers, health care providers, the judiciary and the political leadership