

Young people

are central and critical to achieving the Millennium Development Goals

As a young cohort, our comprehensive needs call for urgent attention at the policy formulation, programme planning and implementation levels.

We are the future because, our health and well being are important determinants of a progressive nation and society. As future agents of productivity and development, our significance as a truly distinct segment with specific needs cannot be neglected anymore



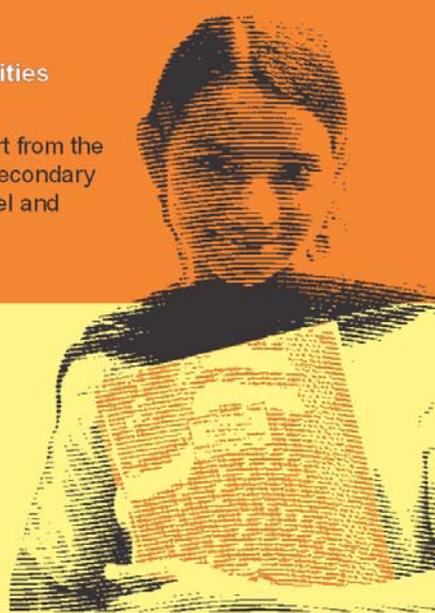
Do you know?

Nearly half of the people of the world are under the age of 25 years of which the highest numbers live in India. Young people between 10-24 years will continue to constitute approximately one third of India's population in the coming years and this cohort will continue to grow until 2050.

However, girls in India face many adversities because of gender imbalance.

- As girls we need encouragement and support from the family and the society to be able to access secondary education. Sadly, few of us transit to that level and successfully complete secondary education.

- Though there is an increase in school attendance over the years, gaps still remain. Only 32% of young women aged between 18-24 had completed class 10 when surveyed National Family Health Survey (NFHS) 2005-06.



We need economic independence

- Young people have limited access to livelihoods and opportunities. Compared to boys, girls have even lesser opportunities to earn a livelihood. Girls are often involved in home-based work for which they may or may not be remunerated. Even in instances when girls are paid for their labour, they may not retain control over their income. Girls' lack of opportunities for generating income is coupled with restricted physical mobility within the community and limited decision-making power within the household.

We girls also need a safe, violence free and enabling environment

- It is estimated that every year in India **25,000 to 100,000** women are killed due to dowry related reasons and **1,25,000** through kidnappings, acid attacks and other forms of assault²

For our health and well being, we need access to Food and Nutrition Security



Girls in 11-19 age group are undernourished



Girls in 11-19 age group are anemic

¹ J. Sebitied and S. Singh. 1998. Adolescent livelihoods programmes: A preliminary review. New Delhi: Population Council; B. S. Mersich, J. Bruce and M. E. Greene. 1998. The Uncharted Passage: Girls' Adolescence in the Developing World. New York: Population Council

² Society for Prevention against Dowry and Bride Burning in India - New York Times, January 2013

Many among us, especially those who live in rural areas succumb to social pressures that lead to early marriage and subsequently to early pregnancies and other health complications.

- The median age of marriage for women in India aged 20-49 is 16.7 years.
- Nearly half of 20-24-year-old women in India are married by age 18 and 24% marry by the age of 15. Moreover, most young women have little say in the timing of their marriage or the choice of spouse, and after marriage most have limited power within their marital household*.
- Various surveys indicate that lower the age at marriage, earlier the onset of sexual activity and thereby rising rates of fertility in women. It also increases the rate of unsafe abortions that lead to death of young girls National Family Health Survey (NFHS III 2006).
- More than 1 in 5 married adolescents by age of 17 and half of all women have already experienced pregnancy and childbearing by the age of 19 years. About 13% of deaths among women and girls below 24 years are related to pregnancy and childbirth (NFHS III 2006).

We need access to contraceptives that should be made accessible in a non-threatening, non-judgmental and friendly environment...

- The use of contraception to delay the first pregnancy is rare. According to a study, just **13% and 9%** of young women aged 15-19 and 20-24 respectively practised contraception to delay the first pregnancy.
- Use of oral contraceptive and Intra Uterine Device (IUD) is as low as **14% and 5%** respectively among married young women of age 15-25 years.

We need better access to sexual health services...

- Sexually Transmitted Infection is an increasing concern among young people. In India it is estimated that **2.3 million** people are currently living with HIV/AIDS. Youth aged between 15-24 years are the fastest growing segment in the newly infected population.

To be safe we need access to essential reproductive and sexual health information in local languages...

- Less than **50%** (37% men and 45% women) know that women could get pregnant the first time they had sex.
- Among unmarried adolescent girls (15-19 Years) **30%** and between the age of 20-24 years **43%** have ever heard of RTI/STDs.
- Among the age group of 15-24 years only **25%** men and **35%** women knew that oral pills should be taken daily/weekly. Only **30%** young women knew that one condom could be used for only one sexual act. (The International Institute for Population Sciences- (IIPS) and Population Council 2010)

Several studies indicate that correct information helps to delay pregnancy and decrease unsafe sex. However during the year 2007, a few states of the country banned reproductive and sexual health education in the formal schooling curriculum.

* S. Jejeebhoy 1998. "Adolescent sexual and reproductive health: A review of the evidence from India." Social Science and Medicine, 46(10): 1275-1290.

We eagerly look forward to
the declaration of the
National Youth Policy 2012



The National Youth Policy 2012 (Exposure draft*) is a step forward in the right direction as it reaffirms commitment of the Nation to the rights and comprehensive development of the young people of the country.

- I The policy recognises diversity among young people. It also recognises that within the age group of 16-30 years the need of young people between the age of 16-21 years, 21-25 years and 26-30 years are different.
- I The policy facilitates access to all sections of the youth for basic nutrition and health services especially related to reproductive and sexual health services; promote a healthy lifestyle, free of substance abuse and other unhealthy addictions, and dissuades them from engaging in harmful sexual practices.
- I The policy also focuses on the groups that suffer from social or moral stigma transgender, gays and lesbians, those infected and affected by HIV/AIDS and Tuberculosis.
- I The policy actively encourages youth engagement in monitoring and evaluation process of development work undertaken by government or non government structures including Panchayati Raj Institutes.
- I The policy will provide direction and the much needed impetus to design comprehensive health programme and need for ensuring convergence among different programmes being offered by different departments and ministries.

* Available on the Website of Ministry of Youth Affairs and Sports, Government of India. <http://yas.nic.in/index1.asp?langid=1&linkid=47>



Centre for Health Education, Training and Nutrition Awareness
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus,
Ashram Road, Vadaj, Ahmedabad-380013.
Phone: 91-079-27569100/01, 27559976/77 Fax: 91-079-27559978
E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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