

## INDIA — Country Profile

### Overview

India continues to be the second most populous country in the world with a population of 1.2 billion and growing. As of 1st March 2011, there are 623.7 million males and 586.5 million females. Unlike the previous decades, there is a significant decline in population growth rate in the recent decade. The low sex ratio statistics are an indicator of greater gender inequality and the low status of women in India.

Government spending on health in India is amongst the lowest in the world, comprising of about 1 percent of the national GDP. Among South East Asian countries, India ranks third in terms of high out of pocket expenditure on health. The high amount of population out of pocket expenditure on health care presents a heavy burden to the poor and marginalized and acts as a great barrier for universal access to healthcare.

Source: *extracted from India National Family Health Survey (INFHS) 2015-16*

### Sexual and Reproductive Health

Key findings from the 2015-16 INFHS on the situation of SRHR in India are as follows:

#### Maternal Health:

- The proportion of women age 15-49 in India who received antenatal care has risen from 77 percent in 2005-06 to 84 percent.
- Fifty-nine percent of women had their first antenatal care visit during the first trimester of pregnancy and 51 percent had four or more antenatal care visits.
- Eighty-nine percent of women's last live births were protected against neonatal tetanus.
- Institutional deliveries have increased markedly from 39 percent in 2005-06 to 79 percent in 2015-16.
- Thirty-six percent of newborns had a postnatal check, and 27 percent of newborns received a postnatal check within 2 days of birth.

#### Contraception:

- The total fertility rate is 2.2 children per woman, which declined from 2.7 children in 2005-06 and is currently just above the replacement level of fertility of 2.1 children per woman.
- The median birth interval is 32.0 months since the preceding birth.
- The median age at first birth among women age 25-49 is 21.0 years.
- Eight percent of women age 15-49 have begun childbearing, which is half the level in 2005-06.
- The wanted fertility rate is 1.8 children per woman and ranges from 0.9 children in Sikkim to 2.8 children in Meghalaya.

- Modern contraceptive use by currently married women has remained unchanged, at just under 50 percent, between 2005-06 and 2015-16.
- Female sterilization is still the most popular contraceptive method, used by 36 percent of currently married women.
- Thirteen percent of currently married women have an unmet need for family planning, almost the same as the estimate in 2005-06 (14%).

#### Abortion:

- Three percent of pregnancies in the five years preceding the survey resulted in an abortion and 6 percent resulted in a miscarriage.
- 12 percent of women age 15-49 have experienced a stillbirth, miscarriage, or abortion in their lifetime.
- Almost one in five women with an abortion had complications from the abortion.
- A majority of the abortions were performed in the private health sector (52%) and 20 percent were performed in the public health sector.
- More than one-quarter (26%) of the abortions were reportedly performed by the woman herself at home.
- According to the UN Abortion Policies and Reproductive Health around the World (2014), abortion is permitted on all grounds except on request.

#### HIV & AIDS:

- One-fifth (21%) of women and one-third of men age 15-49 have comprehensive knowledge of HIV/AIDS.
- Forty-five percent of women and 61 percent of men age 15-49 know where to obtain an HIV test.
- Eleven percent of women and 8 percent of men age 15-49 who have ever had sex reported having an STI and/or symptoms of an STI in the 12 months preceding the survey.
- Twenty-two percent of young women and 32 percent of young men age 15-24 have comprehensive knowledge of HIV.
- Thirty-five percent of men age 15-24 have had higher-risk intercourse (sex with a non-marital, non-cohabitating partner) in the 12 months, compared with 2 percent of women age 15-24.
- HIV prevalence among women and men age 15-49 decreased slightly between 2005-06 and 2015-16, from 0.28 percent to 0.24 percent.
- HIV prevalence is twice as high in urban areas as in rural areas (0.38% versus 0.17%).

### **Sexual and Reproductive Rights**

#### Child Early & Forced Marriage (CEFM):

- Teenage pregnancy is relatively high in rural areas. Nearly 1 in every 10 women in rural areas in the age group 15-19 have begun childbearing.
- Twenty-eight percent of women age 18-29 marry before reaching the legal minimum age at marriage.
- Eleven percent of women age 25-49 had sex before age 15.

- The level of teenage pregnancy decreases with an increasing level of schooling. Twenty percent of women age 15-19 with no schooling have already begun childbearing, compared with only 4 percent of women who had 12 or more years of schooling.
- Fourteen percent of marriages are consanguineous marriages, which are more common in all of the southern states except Kerala.

#### Violence Against Women (VAW):

- Thirty percent of women have experienced physical violence since age 15, and 6 percent have ever experienced sexual violence in their lifetime.
- Thirty-three percent of ever-married women have experienced physical, sexual, or emotional spousal violence.
- The most common type of spousal violence is physical violence (30%), followed by emotional violence (14%).
- Fifty-two percent of women and 42 percent of men agree with one or more of the specified seven reasons for wife beating.
- One-fourth of ever-married women who have experienced spousal physical or sexual violence report experiencing physical injuries, including 8 percent who have had eye injuries, sprains, dislocations, or burns and 5 percent who have had deep wounds, broken bones, broken teeth, or any other serious injury.
- Only 14 percent of women who have experienced physical or sexual violence by anyone have sought help to stop the violence.

#### Current initiatives in India

- ARROW works with our partner CommonHealth India in the **Claiming the right to safe abortion: Strategic partnerships in Asia project** that addresses stigma on abortion across Bangladesh, Cambodia, India, Nepal and the Philippines. The initiative focuses on capacity strengthening, accountability, and advocacy on the right to safe and legal abortion. The focus of the India national level work is on the key intervention areas of access to quality, safe abortion services and issues related to sex-selective abortion.
- ARROW works together with partners Pravah and The YP Foundation towards **building the next generation movement leaders and organizations in South Asia for young people's sexual and reproductive health and rights**. It strives for the improved capacity of the youth led, youth serving organisations and youth champions to conduct effective advocacy for CSE with greater understanding of intersectionality issues. One of the programme's main objectives is to position comprehensive sexuality education (CSE) as a crucial element for young people's education and health by adopting components of CSE into the formal and informal education system at the national level.
- ARROW and its partner Sahayog in India continue to work towards **ICPD+25: Revitalising and implementing the Sexual and Reproductive Rights Agenda in the**

**Asia Pacific Region.** This ICPD+25 monitoring and advocacy initiative aims to show the progress gaps and challenges towards ICPD implementation in Bangladesh. In-depth monitoring is currently underway on the quality of care in contraception (including choice, consent and information) in four poorly performing states, with a focus on female sterilisation.