

## Adolescent Reproductive and Sexual Health

Adolescence (10-19 Years) is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. This period results in sexual, psychological and behavioural maturation. Adolescents are a diverse group and are in varying situations of risk, status and environments. For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. Some young people are especially vulnerable. For example, street children, those engaged in sex work, and/or affected by disaster. Each of these groups has varying concerns and need to be appreciated as distinct segments of the population.

During adolescence, hormonal changes lead to onset of puberty, sudden and rapid physical growth and development of secondary sexual characteristics. Psychological and emotional changes like assertion of self identity and independence, sex drive, and attraction towards the opposite sex take place simultaneously. Adolescents begin extending their relationships beyond the family. They feel an inclination for distancing themselves from parents and expanding their social circle to carve an important place amongst peers. If young people are not well informed or guided, they are likely to make decisions that could harm them. Adolescents are particularly inclined to try out new ideas. While this is a positive trait, lack of abilities, particularly life skills to assimilate multiple stimuli from media and peers, could encourage them to experiment with risky behaviours. They could engage in smoking, substance abuse, consumption of alcohol, unprotected sex, and while these behaviours may start on an exploratory note, many young people get trapped for a lifetime, and are not able to realise their potential.

Often, young people are not informed and/or prepared for the rapid pace of physical, emotional and psychological changes that they undergo during adolescence. Misconceptions about issues related to sex and sexuality, especially those related to masturbation, nocturnal emissions and menstruation make them anxious. Their anxiety and confusion is further compounded by adults who expect them to conduct themselves in a more mature manner without preparing them for their new role. Adolescents, and more so girls, have extra-nutritional requirements that are often ignored, leading to a number of health hazards. This has been a major cause of widely prevalent anaemia among women. Further, girls are forced into early marriage that seriously undermines their health and limits their opportunities for personal development. Unwanted pregnancies, risky abortions, haemorrhage, obstructed deliveries, low birth weight of the baby, and anaemia are some of the health risks attached to early marriage of girls. Additionally, restricted mobility of girls often limits their access to health services and information on reproductive health. Insensitive attitudes of healthcare providers also prevent them from accessing services. In most cases, they hesitate to seek medical help for treatment of Sexually Transmitted Infections (STIs).

### Reproductive rights of adolescents

The idea of reproductive rights is inherent to the definition of reproductive health, and these rights are integral to globally recognised human rights. In 1994, in Cairo, the International Conference on Population and Development's (ICPD) Programme of Action urged governments and health systems to establish, expand or adjust health programmes to meet adolescents' reproductive and sexual health (ARSH) needs, to respect their rights to privacy and confidentiality, and to ensure that the attitudes of healthcare providers do not restrict adolescents' access to information and services. Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to adolescents and the opportunities and risks they face. These include gender equality and the rights to education and health, including ARSH information and services appropriate to their age, capacity and circumstance. Actions to ensure implementation of these rights can have tremendous practical benefits: empowering individuals, ensuring well-being, stemming the HIV/AIDS pandemic, alleviating poverty and improving socio-economic prospects.

### Realities of adolescents in India today

- 30% of India's population (327 million individuals) is in the age group of 10-24 years (Source: WHO, 2007)
- Youth are vulnerable to sexually transmitted infections, including Human Immunodeficiency Virus, and account for 31% of AIDS burden in the country (Source: NACO, 2007)
- Though age at marriage is increasing; data from NFHS-3 (National Family Health Survey 3) shows that 27% young women and 3% young men in the age group of 15-19 year were married at the time of the survey (2005-06)
- 30% women in the age group of 15-19 years have had a live birth by the age of 19 years (Source: NFHS 3)
- 7% married and 9% unmarried girls reported current use of modern contraceptive methods (Source: NFHS 3)
- 60% girls in the age group 15-19 were found to be anemic (Source: NFHS-3). Anemia is a contributing cause of increased age-specific mortality among female adolescents
- The sex ratio in the age group 10-19 years is 882 females per 1000 males, and is lower than the sex ratio of 927 females per 1000 males in the age group of 0-6 years
- Among the 15-19 years old, 25% of adolescents in rural areas and 10% in urban areas are illiterate. Gender disparities persist in the education sector despite improved school enrolment rates. Girls account for less than 50% of enrolment at all stages of schooling. Rural girls are the most disadvantaged. The male-female differences grow with each level of education
- Largest proportion of estimated 3 million drug abusers and 0.6 million drug dependents in India are in the age group 16-35 (Source: UNODC and Ministry of Social Justice and Empowerment, 2004)
- Among 12,447 children surveyed across 13 states in India, 50% reported some form of sexual abuse. 53% victims were boys (Source: Study on Child Abuse, Ministry of Women and Child Development, 2007). A majority of nonconsensual sexual experiences (eve teasing, abduction) go unreported

Extreme poverty, low status of women and lack of law enforcement has led to an increase in sex work. Human trafficking and clandestine movement of young girls has also increased within the country and across international borders.

## The changing lives of adolescents in India

Despite the fact that substantial numbers are getting married early, there is a shift towards globalisation, urbanisation and better opportunities for education for young people. The declining age at puberty and increasing age at marriage have created a growing window of opportunity for young people to interact without adult supervision. Findings from several studies indicate that up to 10% young women and 15-30% young men reported premarital sex. A larger proportion is engaging in premarital romantic relationships (Source: Jejeebhoy, Sebastian, 2004)

However, social norms have not kept pace with changing circumstances. Despite evidence that relevant and correct information delays sexual initiation, social norms discourage discussion on issues related to sexual and reproductive health. Lack of communication with parents and trusted adults keeps young people ill informed and unlikely to receive parental support in relation to sexual matters. Information on issues related to growing up remains inadequate and irrelevant to young people's needs. Adolescent health services remain inaccessible, unaffordable, judgmental and of indifferent quality.

## Government policies

- The National Youth Policy (2003) visualises active participation of youth, including adolescents, at all levels of social enterprise. It recommends youth empowerment through education, nutrition, leadership development and equal opportunity.
- The National Health Policy (2002) has recognized the nutritional needs of adolescent girls as well as the necessity of implementing school health programmes.
- The National Population Policy (2000) and the National Policy for the Empowerment of Women (2001) both recognize adolescents as an underserved and vulnerable population group with special sexual and reproductive health needs.
- The National AIDS Prevention and Control Policy (2000) recognizes street children and sex workers as vulnerable groups and recommends the inclusion of HIV/AIDS issues in population education.
- The National Policy on Education (1986, modified in 1992) aims to equalize education opportunities in the 15–35 years age group, implement free and compulsory elementary education for all children up to 14 years and imparts functional literacy to adult illiterates. It recognizes the role of adolescents in population stabilization and parenthood.

## Rationale for investing in Youth

Improvement in health status of adolescents has inter-generational impact. Youth comprise a substantial proportion of the country's population. India can take advantage of this 'demographic dividend' by investing in young people to achieve a healthy, socio-economically productive and poverty free society.

There is an urgent need to provide age/experience-appropriate and accurate information to young people as they are accessing unreliable sources that often misguide them. Along with this it is important to link young people with appropriate services. Certain social realities need to be changed. For instance, early marriage and childbearing reduces educational and employment opportunities for both mother and the child and is associated with higher levels of fertility, more complications.

## What UNFPA India does

The agency recognises that young people's concerns extend beyond the issues of reproductive health and include issues related to their education, livelihood and citizenship. Hence, the Fund has positioned its adolescent reproductive and sexual health niche within the broader framework of the holistic development of young people. Broad strategies include supportive policy making, provision of gender-sensitive, life skills-focused education linked with youth friendly sexual and reproductive health services and driven by young people's leadership and participation.

Empowerment of adolescents (both in and out of schools) and youth with the knowledge and life skills necessary for maintaining better reproductive and sexual health is one of the outputs of India's country program. UNFPA reaches adolescents through a range of interventions and partners, like the Ministry of Human Resource Development (MHRD), the Ministry of Youth Affairs and Sports (MOYAS), Non Government Organizations (NGOs) and other UN agencies.