United Nations Population Fund
India
UNFPA in India

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNFPA has played a critical role in assisting India in redirecting its population efforts away from family planning targets and quotas and focusing instead on providing high-quality services within a comprehensive reproductive healthcare system.

UNFPA is helping India in supporting the strategy endorsed by the 1994 International Conference on Population and Development (ICPD), which emphasised the inseparability of population and development and focused on meeting individuals' needs rather than demographic targets. The key to this new approach is empowering women and expanding access to education, health services and employment opportunities.
UNFPA in India has been assisting the Government of India since 1974 to provide family planning and health services, advance reproductive health and rights and improve maternal health. Its Eighth Country Program of assistance (2013-2017) to the Government of India focuses on young people’s sexual and reproductive health and improving opportunities for vulnerable women and girls. UNFPA also supports research, advocacy and government policies and programs to advance gender equality and reproductive rights, family planning and population dynamics. UNFPA partners with the government at the centre, other development partners at the national level, and carries out its programs through offices in Maharashtra, Madhya Pradesh, Odisha, Rajasthan and Bihar.
Investing in Young People

Realizing the Full Potential of Adolescents and Youth

India has its largest ever adolescent and youth population. According to UNFPA projections, India will continue to have one of the youngest populations in the world till 2030. India is experiencing a demographic window of opportunity, a ‘youth bulge’ that will last till 2025.

India’s youth face several development challenges, including access to education, gainful employment, gender inequality, child marriage, youth-friendly health services and adolescent pregnancy. Yet, with investments in their participation and leadership, young people can transform the social and economic fortunes of the country.

Key Facts

- Young people aged 10-24 constitute almost 1/3\(^{rd}\) of India’s population, estimated at \textbf{358 million}.\(^1\)
- 47\% girls are married before they are 18 years old.\(^1\)
- 24\% girls have started child bearing by the age of 18.\(^2\)
- 22\% girls and 7\% boys aged 15-19 received no education.\(^3\)
- 3\% young women and 15\% young men aged 15-24 report pre-marital sex.\(^4\)
- 83\% young men and 78\% young women (aged 15-24) say family life education is important.\(^5\)
- \textbf{However, just 15\%} young women and men aged 15-24 reported receiving any formal family life/sex education.\(^6\)

\(^1\) National Family Health Survey III 2005-2006
\(^2\) \textit{Ibid}
\(^3\) \textit{Ibid}
\(^4\) Youth Survey IIPS- Population Council 2010, Youth in India, Situation and Needs 2006-2007
\(^5\) \textit{Ibid}
\(^6\) \textit{Ibid}
UNFPA supports youth networks to engage adolescents and youth to advocate for their issues. UNFPA also supports youth networks to engage adolescents and youth to advocate for their issues. UNFPA invests in enhancing India's capacity to conduct research on adolescent health through partnerships with national and international institutions. UNFPA has launched an Adolescent Girls initiative to reach the most vulnerable girls with the greatest need in 12 countries, including in India, that have a high incidence of child marriage. UNFPA works with national and state governments to integrate the needs of adolescents as a distinct constituency. UNFPA also reaches out to out-of-school adolescents through approximately 2000 teen clubs spread in formal schools and self-learning materials of National Open School. UNFPA’s programs work towards addressing young people’s vulnerabilities and empowering them to be agents of change for development. The main focus is on investing in young people’s sexual and reproductive health. This has lasting benefits in leading to a healthy and skilled work force that steers economic development.
Expanding Access to Life-skills Education

UNFPA is implementing a life-skills education program in schools and for out-of-school adolescents in selected states and school systems in the country.

The program gives young people the knowledge and skills they need to make healthy transitions to adulthood, challenge stereotypes, and negotiate real life situations including early marriage and early child-bearing, gender-based discrimination and gender-based violence.

UNFPA’s Adolescence Education Program (AEP) weaves adolescent concerns in school curriculum of formal schools and self-learning materials of National Open School.

It is implemented with the Ministry of Human Resource Development and National Council of Educational Research and Training in

- 1700 Kendriya Vidyalayas and Navodaya Vidyalayas across the country.
- The National Institute of Open Schooling, that gives a second chance at education to over five lakh young people at secondary and senior secondary levels, as per 2011-12.
- Over 800 State Board Schools in Bihar.
- And reaches out to 50,000 tribal students in Odisha who study at the Kalinga Institute of Social Sciences and at other residential schools.
- Teacher Training programs in Rajasthan universities.

Reaching the Unreached, Out-of-school Adolescents

UNFPA also reaches out to out-of-school adolescents through approximately 2000 teen clubs spread across 10 districts in the country. The program is run in partnership with the Nehru Yuva Kendra Sangathan under the aegis of Ministry of Youth Affairs and Sports.

UNFPA Supports Govt. of India’s Adolescent Health Strategy

UNFPA has supported a paradigm shift in the Ministry of Health and Family Welfare’s Adolescent Health Strategy.

The strategy envisions that all adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being.

The focus is on promoting nutrition, sexual and reproductive health, mental health, non-communicable diseases and substance misuse, and addressing gender based violence among adolescents. To achieve these goals, the strategy leverages seven components critical to health care; these include coverage, content, communities, clinics (health facilities), counseling, communication and convergence. The implementation requires a coveragegence of various government departments including health, education and labour as well as support from adolescents’ own families and communities.
The Adolescent Girls Initiative

UNFPA has launched an Adolescent Girls initiative to reach the most vulnerable girls with the greatest need in 12 countries, including in India, that have a high incidence of child marriage.

UNFPA India is rolling out the initiative in Udaipur in Rajasthan, leveraging the support of India's National Rural Health Mission and schemes run by the Ministry of Women and Child.

The initiative aims to protect girls' rights through interventions that delay marriage and child bearing, prevent unintended pregnancy and build the health, social and economic assets of the most vulnerable girls.

Promoting Youth Voices in National Policies

UNFPA works with national and state governments to integrate the needs of adolescents as a distinct constituency. In May 2013, the Government of Odisha launched the state's first youth policy developed in close collaboration with UNFPA.

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Youth Consultations

UNFPA has held national consultations with civil society, youth organizations and the government to include youth voices in national policies, as well as in the post-MDGs development agenda.
Accelerate access to choices based on information, exercise of rights, provision of services and reliable supplies

Everyone has the right to reproductive health, which is the basis for leading healthy lives, having healthy children and happy families. UNFPA works towards providing universal access to family planning so that that every child is wanted, every birth is safe, every young person is free of reproductive health illnesses such as HIV, and every girl and woman is treated with dignity and respect.

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV and gender-based violence. Because young people often face barriers in trying to get the information or care they need, adolescent reproductive health is a key focus for UNFPA.

The critical importance of reproductive health to development has been acknowledged at the highest level. Universal access to reproductive health is a target in the Millennium Development Goals framework. UNFPA is fully committed to mobilizing support and scaling up efforts to make reproductive health for all a reality by 2015.

UNFPA works with the Government of India and stakeholders to increase voluntary access to reversible family planning. UNFPA’s priority is to provide comprehensive information on reproductive health, access to supplies and quality of care, particularly to young people and vulnerable women and girls.
Globally, UNFPA accords the highest priority to increasing access to and use of rights-based family planning by 2020.

UNFPA’s strategy in India aims to fulfill the unmet need for reversible family planning methods among women and girls and adolescents aged 10-19.

Adolescents need help to plan their families with investments in their education, health, livelihood, and support from their own families and community to delay marriage, delay the first birth and space child bearing. UNFPA’s programs support these priorities.

Create Enabling Environment

Ensure national coordination, support situation analysis for family planning and provide technical assistance

UNFPA contributes to the national dialogue and Government of India’s strategy on family planning, advocating a rights-based approach to family planning, particularly for adolescents and young people.

UNFPA is supporting the implementation of the Government of India’s RMNCH+A strategy, that integrates adolescents’ reproductive health needs in the national strategy to improve maternal, child and reproductive health outcomes. UNFPA is leading the roll-out of the strategy in Rajasthan.

Key Facts

- 47% young women aged 20-24 were married before their 18th birthday.¹
- In India, teenage pregnancies are high due to early marriage and early child-bearing.
- 4 million adolescent girls aged 15-19 give birth every year. They account for 16% of all births, and 9% of all maternal deaths.²
- Every hour, 3 out of 7 deaths due to complications from pregnancy, child bearing and unsafe abortions are among girls and women aged 15–24.
- Just 13% of married adolescents aged 15–19 use contraceptives, compared to 33% of 20–24 year olds. The highest unmet need for contraception is among 15-19 year old married adolescents.

¹ NFHS 3, 2005-2006 ² NFHS 3, 2005-2006
UNFPA is co-ordinating a national comprehensive response to achieve the goals of Family Planning 2020 (FP2020) – a global commitment of governments, partners and donors to expand voluntary access to family planning worldwide.

**What is FP 2020?**

Building on partnerships launched at the London Summit on Family Planning, jointly organized by UNFPA in July 2012, Family Planning 2020 will reach 120 million more women and girls in the world’s poorest countries with family planning information, contraceptives, and services by 2020. FP 2020 will complement and work closely with key partners and existing mechanisms and will contribute to the UN Secretary General's Strategy for Women's and Children's Health, 'Every Woman, Every Child', and its efforts to improve accountability.

**Increase Demand for Family Planning**

*Programming for disadvantaged populations, design and support implementation of behaviour change communication programs*

UNFPA is reaching out to adolescent couples with reproductive health information and contraceptives in the Barwani District of Madhya Pradesh. The strategy works with the help of Accredited Social Health Activists (ASHAs), who are village health workers of the National Rural Health Mission.

**UNFPA’s Barwani project**

- Has trained ASHAs to counsel and deliver information and supplies to increase demand for family planning methods to adolescents.
- Reaches out to 714 villages, where 900 ASHAs have met and counselled 21,000 adolescent couples and 92,000 unmarried adolescent boys and girls.
- Has increased contraceptive use among 15-19 year olds from 1% in May 2011 to nearly 23% in July 2012.

**Improve Availability of Quality Contraceptives and Quality Family Planning Services**

*Strengthen reliable supply of quality contraceptives; assess quality of care, support quality improvement and innovation, provide technical assistance on training of providers*

UNFPA’s programs are aimed at improving the availability of rights-based family planning services.
The focus is on strengthening health systems so that they can provide high quality sexual and reproductive health services to vulnerable and marginalized populations. UNFPA’s work supports:

- Strengthening policy and program design to promote rights and improve quality of care.
- Promoting gender-sensitive approaches in health care delivery, training of health providers and medical education.
- Training service providers to deliver quality sterilization and clinical contraceptive services.
- Supporting alternate service delivery models to address underserved young people.
- UNFPA provided key technical support to the Government of India in developing Quality Assurance guidelines in sterilization services. UNFPA continues to assist state governments in monitoring Quality Assurance Committees to regulate sterilization services.

Strengthen Family Planning Related Information Systems

Build national capacity on data collection and analysis; support the establishment of monitoring mechanisms

UNFPA provides key technical expertise to the government in various national level surveys and in data collection and analysis to aid government strategies at the national, state and district levels.

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Preventing Gender-Biased Sex Selection

The practice of gender-biased sex-selection in India has manifested in highly skewed sex ratios over past few decades. The preference for a son over a daughter is rooted in socio-economic and cultural factors: sons are seen to provide economic security in old age, perform the religious last rites and carry on a family name, whereas a daughter is considered a burden due to the practice of dowry. Further, the practice of gender-biased sex selection has increased with a decline in fertility and preference for at least one son, and the misuse of modern technology.

The Child Sex Ratio shows the number of girls per 1,000 boys aged 0-6 years and takes into account sex selection as well as discrimination after birth. India’s Child Sex Ratio has consistently and alarmingly declined over the decades from 962 girls per 1,000 boys in 1981, to 927 in 2001, to 919 in 2011. The Sex Ratio at Birth (SRB), that shows the number of girls born for every 1,000 boys born, is a more accurate indicator of gender-biased sex selection as it only reflects the influence of factors that could have come into play before birth. India’s Sex Ratio at Birth at 906 girls born per 1,000 boys born is far below international norm of 952 or more girls born per 1,000 boys born.

Key Facts

- **906** girls are born for every 1,000 boys born.\(^1\) The international norm is at least 952 girls born for 1,000 boys born.
- There are **919** girls in India per 1,000 boys aged 0-6 years.\(^2\) In parts of Punjab, Haryana, UP, MP, Maharashtra and Delhi, there are less than **850** girls to 1,000 boys.
- Earlier seen as a problem of the urban middle class, the practice of sex selection is fast emerging in rural and remote tribal areas as well.
- Due to gender-biased sex selection, an estimated 570 thousand girls were missing annually in India during the period 2001-2008.\(^3\) The female deficit has begun to have its impact: evidence from states with sex ratio imbalances shows bride trafficking, increased violence against women and tighter controls over their mobility and choices.

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\(^1\) Internationally, the SRB is calculated as boys born for every 100 girls born. In India, it is calculated as girls born for every 1,000 boys born. This figure is based on the 2009-2011 Sample Registration Survey.

\(^2\) The Child Sex Ratio according to Census 2011.

\(^3\) Sample Registration Survey data 2001-2008.
How UNFPA
Makes a Difference

UNFPA India has been working on sex selection for over a decade, raising awareness, facilitating research, and initiating partnerships with multiple stakeholders. UNFPA works with the government, medical community, judiciary, the media, young people and civil society to address the issue.

The Law

The Pre Natal Diagnostic Techniques (PNDT) (Regulation and Prevention of Misuse) Act came into force in 1994. It was amended in 2003 to include the prevention of pre-conception diagnostic techniques for illegal sex selection. The Pre-Conception and Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection) Act:

- Forbids determination and disclosure of the sex of a foetus for non-medical reasons.
- Bans related advertisements.
- Requires that ultrasound and diagnostic clinics capable of sex selection display a signboard that says disclosure of the sex of a foetus is illegal.
- Requires diagnostic facilities be registered with the government.
- Manufacturers of diagnostic equipment report sale of machines to the government.

Child Sex Ratio in Districts of India, 2011

Source: Census of India 2011
Partnering with the Government

UNFPA supports the government in effective implementation of the PCPNDT Act. This includes sensitizing the Act implementing authorities and judiciary for effective monitoring and implementation of the law.

In partnership with the Ministry of Health Family Welfare, the issue of sex selection has been integrated into the national Reproductive and Child Health Programme; various district plans and training programs of the ministry. UNFPA collaborates with other government partners including the National Human Rights Commission, The Planning Commission of India, Ministry of Women and Child Development to address the issue. Studies and research supported by UNFPA have helped fill critical gaps in knowledge relating to sex selection and continue to provide useful data for policy advocacy.

Partnering with Doctors and the Judiciary

UNFPA’s efforts to sensitize the judiciary, to deepen their understanding of the issue and its social implications, have resulted in path breaking judgements and convictions. Partnering with doctors and medical associations has ensured a foothold in the medical community. Some medical professionals have taken ownership of the issue, including peer monitoring, to prevent the misuse of technology.

UNFPA India plays a key role in developing south-south collaboration by sharing lessons learned at the regional and global level for high-level advocacy, providing technical assistance to other countries and facilitating dialogue on research and program development.

UNFPA is also leading the joint UN action on sex selection in India.

UNFPA Supports Coordinated Civil Society Action

UNFPA supports coalition building to synergize civil society efforts. Women’s groups, local village councils (*panchayats*) and young people have been brought together to question discriminatory practices and stereotypes and become role models for change.

Communicating the Right Message

To raise the volume of discourse around the issue, UNFPA engages with media professionals, specifically reaching out to young media students. UNFPA instituted media awards have led the way in promoting gender sensitive work in advertising, print and electronic media, film and theatre. Street plays, radio dramas, films, music and painting competitions have helped spread the message.
Strategies That Can Make a Difference

Intensify monitoring and implementation of the PCPNDT Act by building capacities of the Act implementing authorities at state and district levels and of the judiciary.

Strengthen the implementation of laws concerning women and girls and enact laws that tackle their subordination.

Invest in the ability of girls to be self-reliant and in their empowerment including asset ownership, skill building, credit availability, safety and security.

Consider innovative pension schemes and streamline administrative processes to implement social security schemes as sons are seen as the only source of old-age support, and very often the reason why sons are ‘required’. Equally, programs to support single women could go a long way in changing perceptions about them being a liability.

Strengthen civil registration so that accurate birth data is more readily available across districts to monitor trends in sex ratio at birth.

Gender-sensitive communication plans that do not perpetuate gender stereotypes or stigmatize legal abortion, but highlight women’s empowerment.

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Ageing: A Celebration and a Challenge

Population ageing is one of the most significant trends of the 21st century. For the first time in history, our global population will no longer be young, thanks to lower fertility, increased child survival and better health. Today, globally, there are one in 9 people celebrating their 60th birthday, projected to increase to one in five by 2050.

Population ageing is progressing fastest in developing countries, including those that have a high proportion of young population, such as India. In India 16 people celebrate their 60th birthday every minute. This makes up 1/8th of the world’s population over 60 living in India. India’s population of 104 million elderly people in 2011 would grow to over 320 million by 2050. The population of people over 60 would grow 360% between 2000 and 2050 compared to population growth of 60% in the same period.

These staggering statistics speak to the scope of challenges we face in fulfilling the needs of an ageing population.
A study to understand the impact of migration on elderly households in Kerala is on-going. In addition, an intervention project to increase awareness among the socially excluded and the elderly about their entitlements, and to help them utilize government schemes, was undertaken in Gujarat. Following the project, UNFPA is helping to build the capacity of civil society organizations to help the elderly use government entitlements.

The Way Forward

- There is a real need to build a knowledge base on ageing through research and program studies.
- We must also work towards developing a platform for advocacy on ageing by bringing together various stakeholders, including the government.
- Ageing issues must be mainstreamed in government development programs.
- With the feminization of ageing, we need specialist policies to reach out to elderly women and the marginalized, with economic and social security schemes.

India with a population of 1.21 billion is the world’s second most populous country. It is going through a demographic transition, though varied across the country, presenting a paradoxical social, economic and demographic situation. Currently, the 60+ population accounts for over 8% of India’s national population, of whom the majority are rural and females. By 2050, its 60+ population share is projected to climb to 19%, or approximately 323 million people. The elderly dependency ratio (the number of persons aged 60 or older per person aged 15 to 59) will increase substantially from 12% to 31%, largely as a result of fertility decline and increasing life expectancy.

With India in the early stages of a transition to an older society, little is known about the economic, social, and health implications of this transition. The care of elderly in India rests with the Ministry of Social Justice and Empowerment, which has been limited in reach and penetration.

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**Population Growth in India (000s)**

Source: World Population Prospects - The 2010 Revision

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**Regional Variations in Age-Dependency**

Source: Calculated from Projection Report, ORGI, New Delhi
Programmatically, given the cross-cutting nature of the issues around the elderly, there have been very little concerted and holistic efforts. Research and special studies will have a major bearing in building a body of evidence-based knowledge and could pave way for improving the policies and programs for the elderly through public discourse and advocacy. UNFPA India, in its current country programme, embarked on building a knowledge base on ageing through primary and secondary research, and by initiating discourse on the subject through advocacy events, conferences and civil society networks.

In the first phase, a series of secondary studies were accomplished and disseminated in a national workshop. The studies include:

- Demographics of Population Ageing in India
- Studies on Ageing in India
- Living Arrangements of Elderly in India
- Elderly Health in India
- Elderly Workforce Participation, Wage Differentials and Contribution to Household Income
- The National Policy for Older Persons – Critical Issues in Implementation
- Policy Initiatives on Population Ageing in select Asian countries and their relevance to Indian context

In the second phase of research, a primary study is being conducted in seven states of the country with a higher percent of elderly: Kerala, Tamil Nadu, Maharashtra, Odisha, West Bengal, Punjab and Himachal Pradesh. The study looks at various aspects of the social, economic and health status and behaviour of the elderly. The data has been analyzed and disseminated in a national conference along with the Planning Commission of India, Government of India in November, 2012. Furthermore, the state reports are being analyzed and will be disseminated.
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- The National Policy for Older Persons – Critical Issues in Implementation
- Policy Initiatives on Population Ageing in select Asian countries and their relevance to Indian context

In the second phase of research, a primary study is being conducted in seven states of the country with a higher percent of elderly: Kerala, Tamil Nadu, Maharashtra, Odisha, West Bengal, Punjab and Himachal Pradesh. The study looks at various aspects of the social, economic and health status and behaviour of the elderly. The data has been analyzed and disseminated in a national conference along with the Planning Commission of India, Government of India in November, 2012. Furthermore, the state reports are being analyzed and will be disseminated.
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