GUTTMACHER INSTITUTE

IPPF International Planned Parenthood Federation

Demystifying Data Fact Sheet

Sexual and Reproductive Health Of Young Women in India

• There are approximately 56,225,000 women aged 15–19 living in India, as of 2014.

• As of 2006,* the most recent year for which National Family Health Survey (NFHS) data are available, 71% of primary-school–aged girls were attending school, as were only 46% of secondary-school–aged women.

• Young Indian women have limited access to mass media: Among those aged 15–19, 59% had at least weekly exposure to television, 34% to radio and 29% to newspapers. Access was consistently higher in urban areas than in rural areas.

SEXUAL ACTIVITY, MARRIAGE AND BIRTHS

• In 2006, more than one-quarter (28%) of Indian women aged 15–19 reported having ever had sex.

• A total of 31% of women aged 15–19 had ever married: 28% who were cohabiting, plus 3% who were not yet living with their husband (i.e., they had yet to participate in the traditional gauna ceremony, which marks the onset of cohabitation, typically after months or years of marriage).

• Forty percent of women aged 18–24 reported having had sex by the age of 18. This proportion was higher in rural areas than in urban areas (48% vs. 24%) and in the poorest households than in the wealthiest (64% vs. 14%).

• Some 47% of the nation's 20–24-year-old women were married before the legal age of 18. This proportion varies from 12–15% in the small, relatively affluent states of Kerala and Goa, to at least 60% in the large, poor eastern states of Bihar and Jharkhand.

• The level of unplanned early childbearing is relatively low in India: Fourteen percent of births among women younger than 20 were reported as wanted later (mistimed) or not at all (unwanted).

USE OF REPRODUCTIVE HEALTH CARE

• A low proportion of married 15–19-year-old women (13%) used contraceptives in 2006.

• Another 27% wanted to avoid pregnancy in the next two years, but were not using a method, and thus had an unmet need for contraception. This level of unmet need varied little by urban or rural residence or household wealth.

• Two-fifths of recent births among women younger than 20 occurred at a health facility.

*For brevity, we refer to 2005–2006 NFHS data as applying to 2006.

SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

• In 2006, women aged 15–19 had heard of an average of four modern contraceptive methods.

• Some 39% of 15–24-year-old women were aware that condom use reduces HIV risk, and 49% knew that having one uninfected partner also reduces risk. However, just 20% had comprehensive knowledge of HIV/AIDS, defined as knowing these two HIV-prevention methods, in addition to knowing that a healthy person can be HIV positive and being able to reject two common misconceptions about HIV transmission.

• The proportion who had comprehensive knowledge was twice as high in urban areas as in rural areas (33% vs. 14%), and 11 times as high among the wealthiest young women as among the poorest (45% vs. 4%).

GENDER INEQUALITY AND SOCIAL NORMS

• Son preference is deeply rooted in Indian culture and manifests in various ways, including sex-selective practices before birth and inequitable access to educational, social and economic resources for girls.

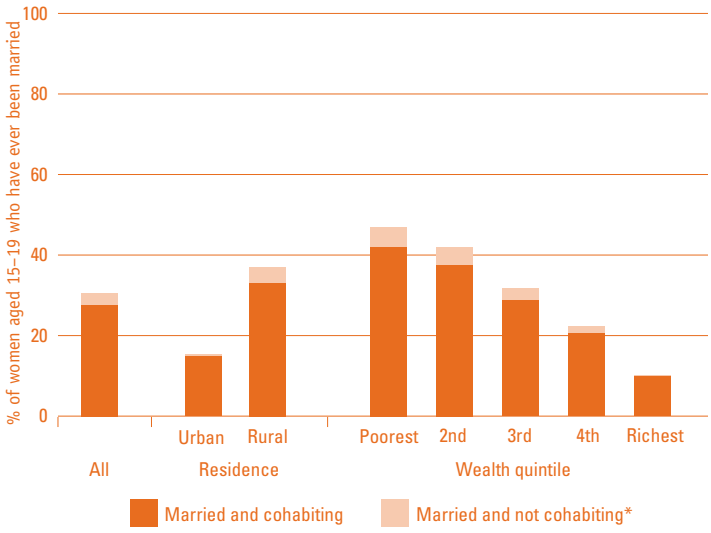
• Fifty-five percent of women aged 15–19 disagreed with five out of five reasons offered for why a husband would be justified in hitting his wife.

• Three-fifths (60%) agreed that a wife is justified in refusing sex for the following reasons: knowing her husband has had

For more on adolescent sexual and reproductive health see the full report: *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights.*

Marriage Among Young Women

Marrying too soon may limit educational and professional opportunities, yet many Indian women—especially those who are poor or rural—are married as teenagers.



*These women are married, but have not yet experienced the traditional gauna ceremony. Gauna, common in some large northern states, marks the onset of cohabitation and may occur months or years after the initial marriage ceremony.

sex with other women, knowing he has an STI, or feeling tired or not in the mood.

• Among married 15–19-year-olds, only 40% reported that they had sole say over their own health care or made such decisions jointly with their husband; for the remaining 60% of married young women, their health care is not in their control.

POLICY ENVIRONMENT

• The Child Marriage Restraint Act of 2006 sets the legal age of marriage for women at 18 and for men at 21.

• The Adolescence Education Programme, which integrates life skills and HIV prevention into the school curriculum, has been adopted nationally, but as of 2011, seven states (Chhattisgarh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh) have refused or banned its implementation, citing cultural reasons.

• India's abortion law is relatively progressive, permitting abortion for socioeconomic reasons; to protect a woman's life or mental or physical health; in cases of rape, incest or fetal impairment; or if the pregnancy resulted from contraceptive method failure.

• Access to abortion is contingent upon providers' willingness to perform the procedure, and women younger than 18 are legally required to have their guardian's consent.

POLICY AND PROGRAM IMPLICATIONS

• A substantial minority of women are married before the legal age of 18. The higher legal age of marriage for men represents codified gender inequality that reinforces disparities in education and professional opportunities. Efforts to increase awareness of the law and its penalties, as well as legal support for young women, can help to address this issue.

• The high level of unmet need for contraception among young married women indicates the importance of improving access to affordable, youth-friendly services so that young women are able to effectively plan their births and thus their lives.

• Given that fewer than half of secondary-school–aged women go to school, family life education programs should begin in primary school and be made available outside of schools. These programs should address topics that include stigma toward nonmarital sexual activity, gender inequality and gender-based violence.

• State-level implementation of youth-friendly sexual and reproductive health services has been uneven. Evidence suggests that in many states, fears about privacy and judgmental provider attitudes prevent young people from seeking out the services they need.

Most of the data cited here come from Anderson R et al., Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights, *New York: Guttmacher Institute, 2013, and from special tabulations of data from the 2005–2006 Indian National Family Health Survey. For full references, please go to: http://www.guttmacher.org/pubs/FB-DD-India.html*

Support for this fact sheet and the report on which it is based was provided, via a subgrant from IPPF, by the Dutch Ministry of Foreign Affairs under the Choices and Opportunities Fund.

IPPF International Planned Parenthood Federation

4 Newhams Row
London SE1 3UZ
United Kingdom
Tel: +44 (0)20 7939 8200
info@ippf.org

www.ippf.org

GUTTMACHER INSTITUTE

125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org

July 2014