

2009

Youth in India: Situation and Needs 2006-2007, executive summary, Maharashtra

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International Institute for Population Sciences (IIPS) and Population Council. 2009. "Youth in India: Situation and Needs 2006-2007, executive summary, Maharashtra." Mumbai: IIPS.

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GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAWAN, NEW DELHI - 110011

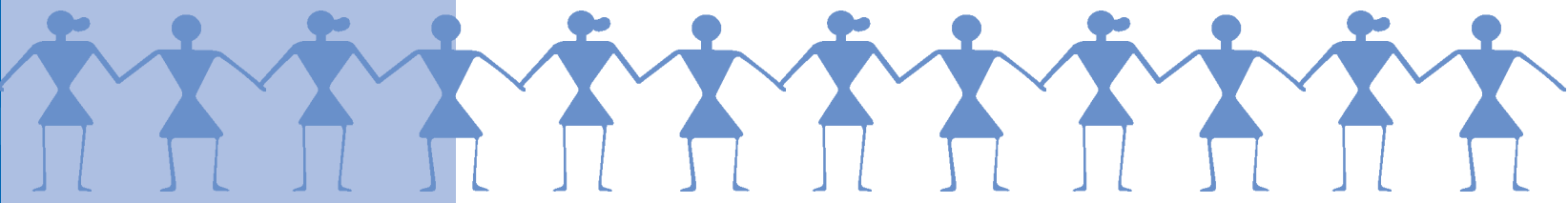
Youth in India: Situation and Needs 2006–2007



EXECUTIVE SUMMARY MAHARASHTRA



International
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Population Sciences



This executive summary presents, in brief, findings on the situation of youth in Maharashtra, part of a sub-national study undertaken by the International Institute for Population Sciences, Mumbai and the Population Council, New Delhi, as part of a project to collect information on key transitions experienced by youth in India, including those related to education, work force participation, sexual activity, marriage, health and civic participation; the magnitude and patterns of young people's sexual and reproductive practices before, within and outside of marriage as well as related knowledge, decision-making and attitudes. The project was implemented in six states of India, namely, Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu.

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The Population Council is an international, non-profit, non-governmental organisation that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable and sustainable balance between people and resources. The Council conducts biomedical, social science and public health research, and helps build research capacities in developing countries.

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Suggested citation: International Institute for Population Sciences (IIPS) and Population Council. 2008. *Youth in India: Situation and Needs 2006-2007, Executive Summary, Maharashtra*. Mumbai: IIPS.





The Youth in India: Situation and Needs Study (referred to as the Youth Study), implemented by the International Institute for Population Sciences, Mumbai and the Population Council, New Delhi is the first-ever sub-nationally representative study conducted to identify key transitions experienced by married and unmarried youth in India. Young people (aged 10–24) constituted almost 315 million and represented 31% of the Indian population in 2001. Not only does this cohort represent India’s future in the socio-economic and political realms, but its experiences will largely determine India’s achievement of its goal of population stabilisation and the extent to which the nation will be able to harness its demographic dividend. While today’s youth are healthier, more urbanised and better educated than earlier generations, social and economic vulnerabilities persist. In the course of the transition to adulthood, moreover, young people face significant risks related to sexual and reproductive health, and many lack the knowledge and power to make informed sexual and reproductive choices.

In recognition of the importance of investing in young people, several national policies and programmes formulated since 2000, including the National Population Policy 2000, the National Youth Policy 2003, the Tenth and Eleventh Five-Year Plans, the National Adolescent Reproductive and Sexual Health Strategy and the National Rural Health Mission, have underscored a commitment to addressing the multiple needs of this group in India. Effective implementation of both policies and programmes, however, has been handicapped by the lack of evidence on young people’s situation and needs. Currently available evidence is limited, at best, and comes largely from small-scale and unrepresentative studies.

The Youth Study focused on married and unmarried young women and unmarried young men aged 15–24 and, because of the paucity of married young men in the younger ages, married men aged 15–29 in both rural and urban settings. It collected information pertaining to key transitions experienced by youth, including those related to education, work force participation, sexual activity, marriage, health and civic participation, the magnitude and patterns of young people’s sexual and reproductive practices within and outside of marriage as well as related knowledge, decision-making and attitudes.

The Youth Study comprised three phases, and included both a survey and qualitative data gathering exercises prior to and after the survey. The study was conducted in a phased manner in six states of India: Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu.

This report focuses on findings from the survey conducted in Maharashtra. The survey was undertaken between January and August 2006. During the survey, 8,649 young people were contacted, of which a total of 7,570 married and unmarried young women and men were successfully interviewed.



Characteristics of the household population

A total of 25,641 households were selected for interview. Among these, interviews were successfully completed in 23,077 sample households, and 111,389 individuals, who were usual residents in these households, were enumerated. The age distribution was typical of a population in which fertility has fallen rapidly in the past 10–15 years, with relatively small proportions in both the younger (0–9 years) and older (60+ years) age groups. With regard to the youth population, the distribution suggests that at the time of the survey, 11% of the population was aged 10–14 years, 10% was aged 15–19 years and 9% was aged 20–24 years. A total of 19.3% of the population was aged 15–24 years.

Overall, the sex ratio of the de jure population of the state was 947 females per 1,000 males. Of major concern is the sex ratio of the child population (aged 0–6), which was 862 females per 1,000 males; standard errors were relatively small and the 95% confidence interval ranged from 828 to 895. Even using the upper limit of this estimate, it would appear that there has been some decline in the child sex ratio as compared to that observed in the 2001 Census (913).

One-quarter of the population aged 6 years and above had no formal education. Fewer males than females fell into this group: 16% and 34%, respectively. At the other extreme, 18% and 10% of males and females, respectively, had received 12 or more years of education. Median years of schooling was 8 years for males and 5 years for females, but was roughly three years higher in the urban compared to the rural population (8 and 5 years, respectively).

Overall, 19% of all households lived in *kachcha* houses (constructed from mud, thatch or other low-quality materials), 46% lived in semi-pucca houses (constructed using a mix of low- and high-quality materials) and 35% lived in pucca houses (constructed entirely from cement, masonry or other high-quality materials). About four-fifths of households had electricity, including almost all urban households (96%) and 71% of rural households. The majority of households (85%) reported that their main source of drinking water was either piped water, or water obtained from a hand-pump or a covered well. Access to a toilet facility of any kind was reported by about half of all households (49%); 85% in urban areas and 21% in rural areas.

The distribution of households by wealth quintiles shows that more than one-third of urban households were in the highest (fifth) wealth quintile; in contrast, only 7% of rural households were in this quintile. Likewise, about one-third of rural households were in the lowest (first) quintile compared to only 4% of urban households in this quintile.

Situation of youth

As mentioned earlier, a total of 7,570 young men and women were interviewed. Age profiles suggest that the unmarried were younger than the married, and rural youth were somewhat younger than their urban counterparts. About four in five youth were Hindu and about one-tenth were Muslim. Caste-wise distributions show that 36–41% of youth belonged to general castes, 15–17% to scheduled castes, 11–16% to scheduled tribes and 27–31% to other backward



castes. Over four in five youth reported that both parents were surviving. For those with just one parent surviving, this parent was more likely to be the mother (10–11%) than the father (2%). Finally, 1% reported that neither parent was alive.

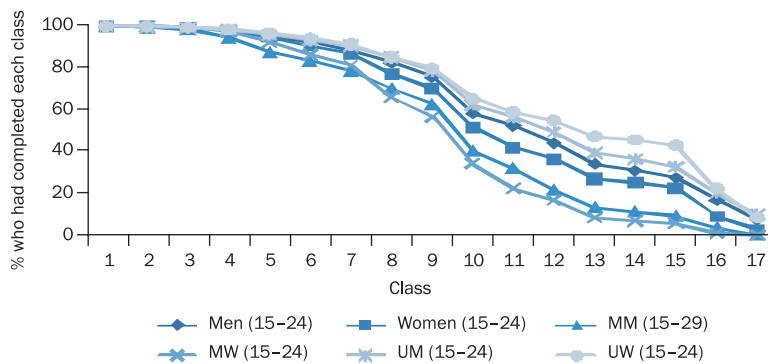
Education

Educational profiles indicate that over 90% of youth in the state had been to school. At the time of interview, about half of all unmarried youth (and very few married) were still in school or college. Findings also indicate that youth who were ever enrolled in school by and large remained in school up to Class 5, with very gradual declines in attendance. Following Class 5, declines became somewhat steeper. There was a particularly steep decline between Classes 9 and 10 for all youth, highlighting that many youth did not undertake or pass the school leaving examination in Class 10. While three-quarters of young men and 70% of young women who were ever enrolled in school had completed Class 9, just three-fifths and half, respectively, had completed Class 10. While gender differences have declined impressively, findings suggest that married and rural youth were considerably less likely than their respective counterparts to have attended high school.

Findings suggest, moreover, that youth were considerably better educated than their parents. The median number of years of education completed by fathers of young men and women was 7 years; mothers of young men and women were far less educated, with over half of mothers having no formal education.

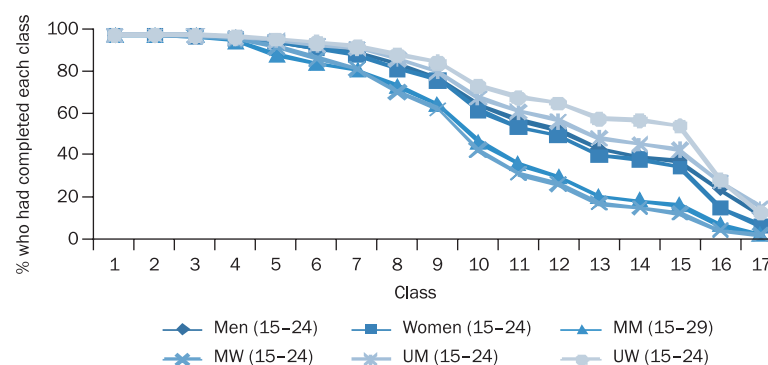
Leading reasons for discontinuation among young men and women who discontinued at middle and high school levels were school-related factors (academic failure, distance to school, poor school quality and infrastructure), economic

Cumulative percentage of youth who had attended each year of education (Classes 1 to 17), Maharashtra (combined), 2006



MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women

Cumulative percentage of youth who had attended each year of education (Classes 1 to 17), Maharashtra (urban), 2006

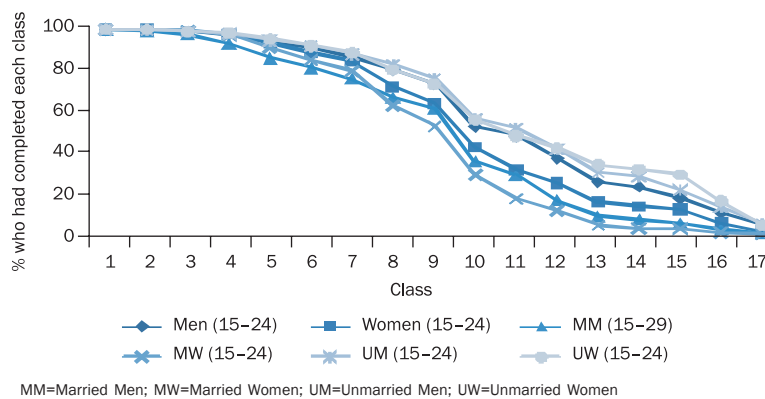


MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women

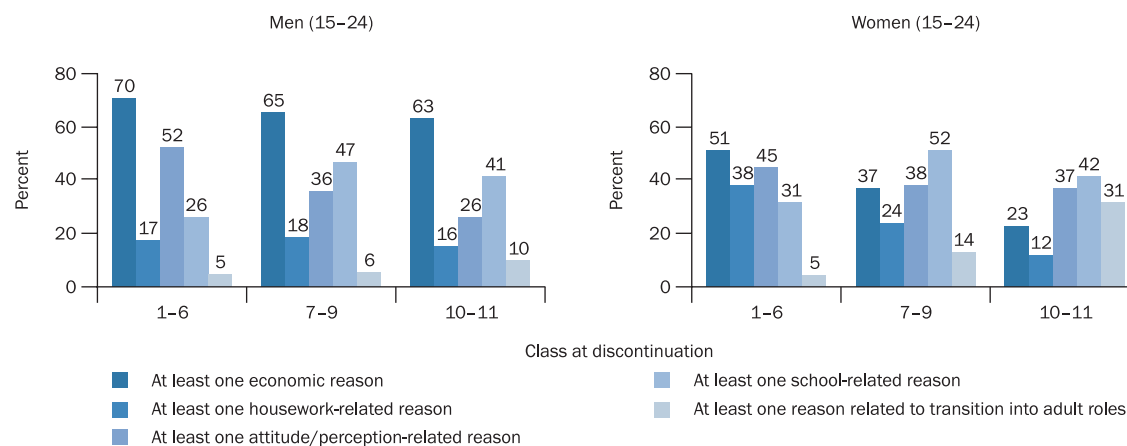


issues (required for work on the family farm/business or for outside wage earning work, or the family could not afford school-related expenses) and attitudes and perceptions of parents and youth (such as, for example, that education was unnecessary or that children were not interested). Of note is that school-related factors, particularly poor academic performance, were significant motivating reasons behind discontinuation, reported by 47% of young men and 52% of young women who discontinued schooling before completing Class 10. While percentages were small, transitions into adult roles—getting a job or marriage—also became increasingly more likely reasons for school discontinuation among those who discontinued at high school levels.

Cumulative percentage of youth who had attended each year of education (Classes 1 to 17), Maharashtra (rural), 2006



Percentage of youth who had discontinued schooling by class when discontinued and reasons for discontinuation, Maharashtra, 2006



The majority of youth at all levels attended government schools or colleges. Nonetheless, between one in four and two in five young men and women studied at a private school or college at higher levels of education. Findings also show that amenities available within the educational facility attended and schooling experiences differed vastly between youth who were still in school and those who had discontinued their education. For example, youth who were still in school were more likely to report the availability of such amenities as toilets and libraries than were those who had discontinued schooling. Moreover, they were more likely to have taken private tuition

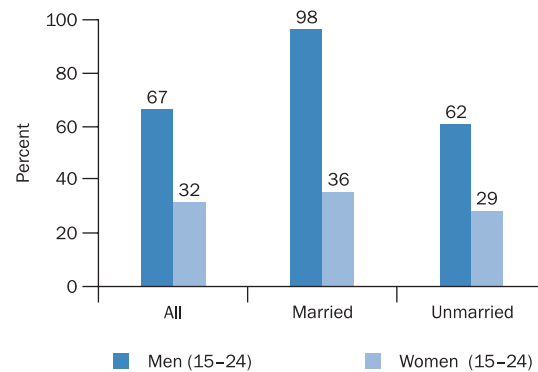


and to have passed the last examination for which they had appeared. Notably, gender differences in the type of educational facility attended, i.e., government or private facility, and additional investment in schooling made, particularly in terms of private tuition, were negligible.

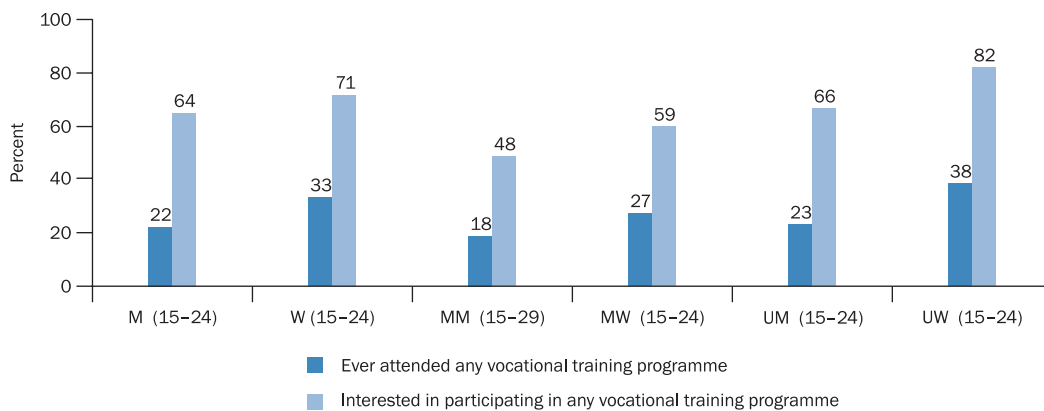
Work

Work profiles suggest that about two-thirds of young men and two-fifths of young women had ever engaged in paid or unpaid work. Indeed, almost all married young men and almost two-thirds of unmarried young men had done so, compared with half and one-third of married and unmarried young women, respectively. Likewise, more rural youth than urban youth had ever worked. Economic activity was often initiated at an early age: almost one in five youth (17–19%) reported initiating work as a child (before age 15). The majority of young men (98% of married and 62% of unmarried) and a substantial proportion of young women (36% and 29%, respectively) had engaged in paid or unpaid work at some point in the 12 months preceding the survey. Three-quarters of young men and women who worked in the year prior to interview had done so for the major part (at least six months) of the year.

Percentage of youth who engaged in paid or unpaid work in last 12 months, Maharashtra, 2006



Percentage of youth who ever attended a vocational training programme and percentage who were interested in participating in such programmes, Maharashtra, 2006



M=Men; W=Women; MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women



Findings also show substantial levels of unemployment¹ among young men (20%) and women (17%). Unemployment tended to be considerably higher among unmarried than married youth and was particularly high among the educated and better off. Youth were clearly interested in acquiring skills that would enable employment generation; 64% of young men and 71% of young women reported interest in vocational skills training. However, far fewer—just over one-fifth of young men and one-third of young women—had attended at least one vocational training programme.

Media exposure

Large proportions of youth were exposed to the media, typically newspapers, magazines or books (92% of young men and 79% of young women with five or more years of education) and television (94% of all young men and 85% of all young women). Exposure to the internet was limited, with 14% of young men and 9% of young women with five or more years of education reporting having ever accessed the internet.

Findings also suggest that as many as two in five young men and hardly any young women accessed pornographic or “blue” films and over half of those reported that they accessed these materials sometimes or frequently. One-quarter of young men had read pornographic materials and two-fifths had accessed such material on the internet, compared to many fewer young women. Finally, well over half of young men and women acknowledged the influence that the media have on youth behaviours.

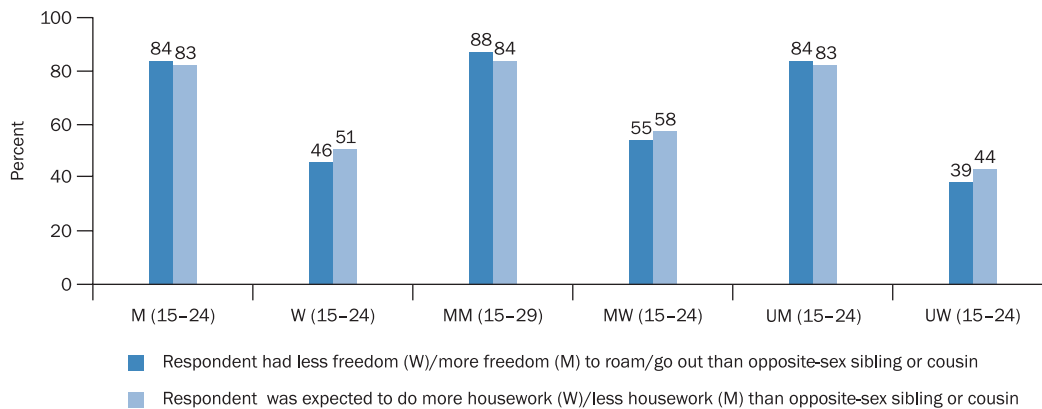
Socialisation experiences and communication with parents

Findings underscore the gendered nature of socialisation among youth. Responses from both young men and women suggest that unequal gender norms regarding freedom of movement and housework expectations were prevalent in study households. Moreover, the extent to which youth behaviours were controlled by parents was evident from the large proportions of young men and especially young women who reported that their parents would disapprove of social activities in which youth tend to participate, particularly those involving members of the opposite sex. For example, while less than 8% of young men and women reported that their mother or father would disapprove if they brought same-sex friends to their home, nearly two-thirds of young men and over three-quarters of young women reported expecting parental disapproval if they brought an opposite-sex friend home (the married were asked to report on the time before they were married).

¹ Unemployment rate refers to the percentage of individuals seeking employment for the major part of the year preceding the interview as a fraction of those in the labour force. Labour force refers to those who were working or seeking work for the major part of the year. It does not, therefore, include those exclusively studying, those who may have worked for a short period in the year preceding the interview, or those who had sought work for a short period in the year preceding the interview.



Percentage of youth reporting gendered socialisation experiences relative to an opposite-sex sibling/cousin, Maharashtra, 2006



M=Men; W=Women; MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women

Note: For married respondents, questions referred to the period prior to marriage.

Findings regarding communication with parents on issues relevant to youth—such as school performance, friendships, being teased or bullied, physical maturation, romantic relationships and reproductive processes—show that such communication was far from universal. In general, sensitive topics such as romantic relationships, reproduction and contraception among all youth, and even issues of adolescent body changes among young men, were rarely discussed with either parent (reported by fewer than 7% of youth). Nevertheless, among young women, mothers were reported as the most likely confidante on such matters as menstrual problems and experience of teasing by a boy.

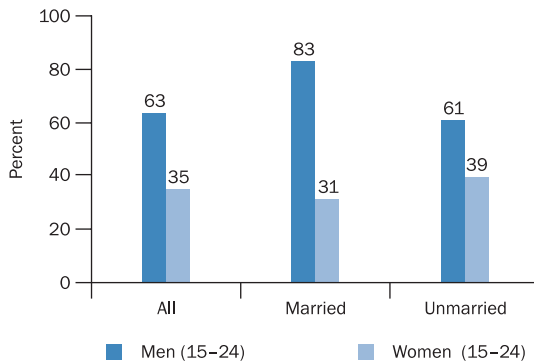
Young people's family lives were marked by violence, both experienced and witnessed. About one in five youth had observed their father beating their mother. Many youth reported being beaten by a parent during adolescence; almost two in five young men and one in six young women reported such experiences.

Peer networks and interaction

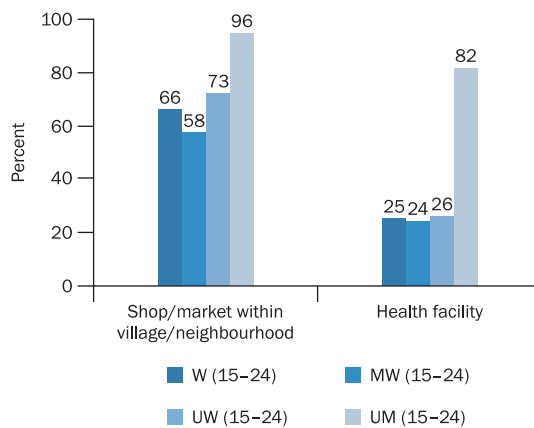
Growing up was associated with close peer networks. Almost all youth reported having same-sex friends. Young men reported larger networks of friends than did young women. Opposite-sex peer networks were less common but nonetheless reported by nearly two-fifths of young men and one-quarter of young women. Interaction with friends tended to be restricted to activities such as chatting and studying, especially among young women, although young men did tend to report engaging in outside activities such as going on picnics or to see films. An important measure of support was derived from these networks, however, with peers reported as the most likely confidante for both young men and women on issues related to boy-girl relationships.



Percentage of youth who independently made decisions on choice of friends, spending money and buying clothes for themselves, Maharashtra, 2006



Percentage of youth allowed to visit selected places unescorted, Maharashtra, 2006



W=Women; MW=Married women; UW=Unmarried women; UM=Unmarried men

Note: Questions regarding freedom of movement were not asked of married men, as their mobility is generally unrestricted.

Agency and gender role attitudes

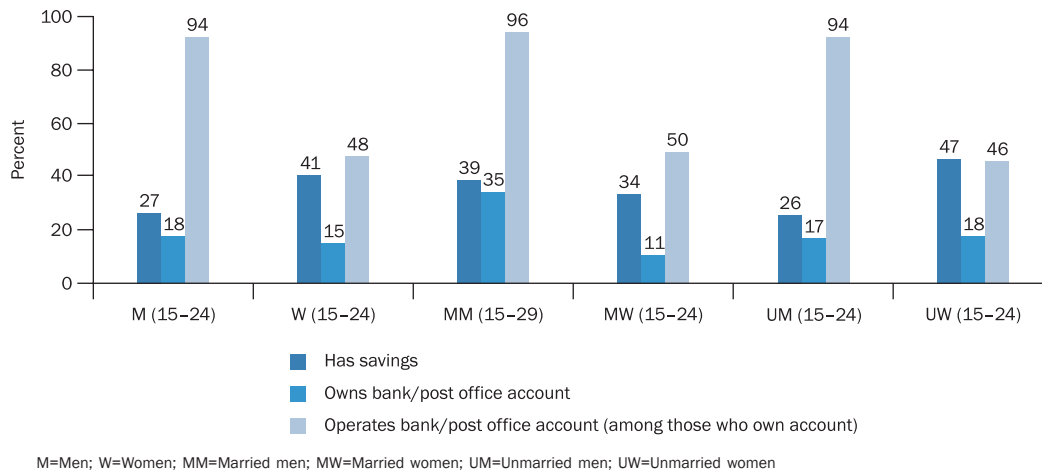
Substantial proportions of young men and the majority of young women did not exercise agency in their everyday lives. For example, 63% of young men and 35% of young women reported independent decision-making on all three issues explored in the survey, namely, decisions on choice of friends, spending money and purchase of clothes. Likewise, freedom of movement even within the village or neighbourhood was not universal among young women; only 70% of young women had the freedom to even visit locations within their own village or neighbourhood unescorted. Findings also show that control over financial resources among youth tended to be limited, and particularly so among young women. Although young women were more likely than young men to have money saved (41% and 27%, respectively), they were moderately less likely to own a bank or post office savings account (15% and 18%, respectively) and much less likely than their male counterparts to operate these accounts themselves (48% and 94%, respectively, of those who had an account).

As far as gender role attitudes were concerned, relatively large proportions of youth espoused egalitarian attitudes. Even so, 64% of young men and 50% of young women justified wife-beating in at least one situation. Notably, young men were consistently more likely than young women to report unequal gender role attitudes and more likely to justify wife beating.

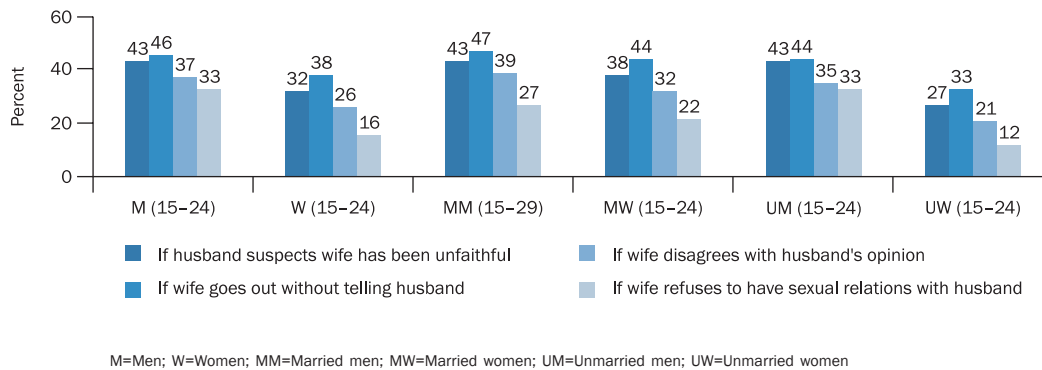
Finally, the evidence suggests that marriage curtails young women’s agency to a considerable extent. By and large, compared to the unmarried, married young women were less likely to make decisions independently, had less freedom of movement and less access to savings; at the same time, they were more likely to hold unequal gender role attitudes.



Percentage of youth who reported having any savings, owning an account in a bank or post office and operating the account themselves, Maharashtra, 2006



Percentage of youth who believed wife beating is justified in selected situations, Maharashtra, 2006



Awareness of sexual and reproductive health matters

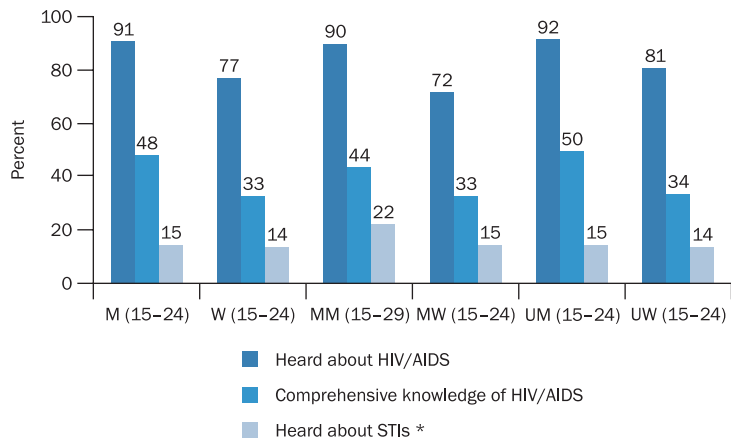
Findings underscore young people's, and particularly young women's, limited awareness of most sexual and reproductive matters, ranging from how pregnancy occurs to contraception, HIV and safe sex practices. Indeed, fewer than half of youth were even aware that a woman can get pregnant at first sex. Moreover, even on issues about which young people were generally aware, findings show that in-depth understanding was limited. For example, in-depth awareness of condoms and oral contraceptives, the methods most familiar to youth, was reported by just 83% and 27% of young men and 30% and 45% of young women, respectively. Likewise, while large percentages of youth (90% and 77% of young men and women, respectively) had heard about HIV, only between just one-third and one-half of all youth had comprehensive knowledge of HIV and its transmission routes. In contrast, very few—just 15% and 14% of young men and women, respectively—had ever heard about sexually transmitted infections. Findings suggest,



moreover, that unmarried young women were the most poorly informed about sexual and reproductive matters, implying that many young women—and fewer young men—enter marriage uninformed.

Not surprisingly, youth reported few reliable sources of information about sexual matters or contraception. Friends and the media were leading sources of information on both issues for young men and women. Neither of these is necessarily a reliable source of information. Other sources such as teachers, health care providers and family members, assumed to be a more reliable source of information, were less frequently and less consistently cited as leading sources of information. Teachers played an important role in apprising unmarried young women about sexual matters but were not important sources of information for other groups. Health care providers played an important role in addressing the information needs of the married but not the unmarried, reflecting the Reproductive and Child Health Programme’s emphasis on the married. And family members were an important source of information only among married young women and only as far as contraception was concerned.

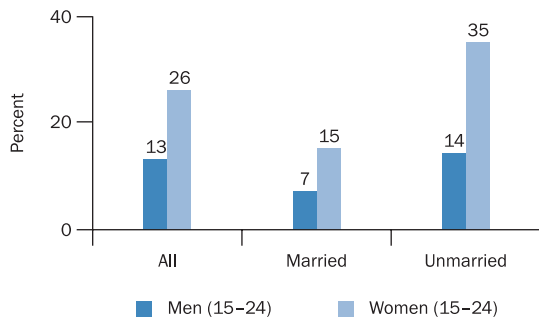
Percentage of youth by awareness of HIV/AIDS, comprehensive knowledge about HIV/AIDS and awareness of STIs, Maharashtra, 2006



M=Men; W=Women; MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women

Note: *Other than HIV.

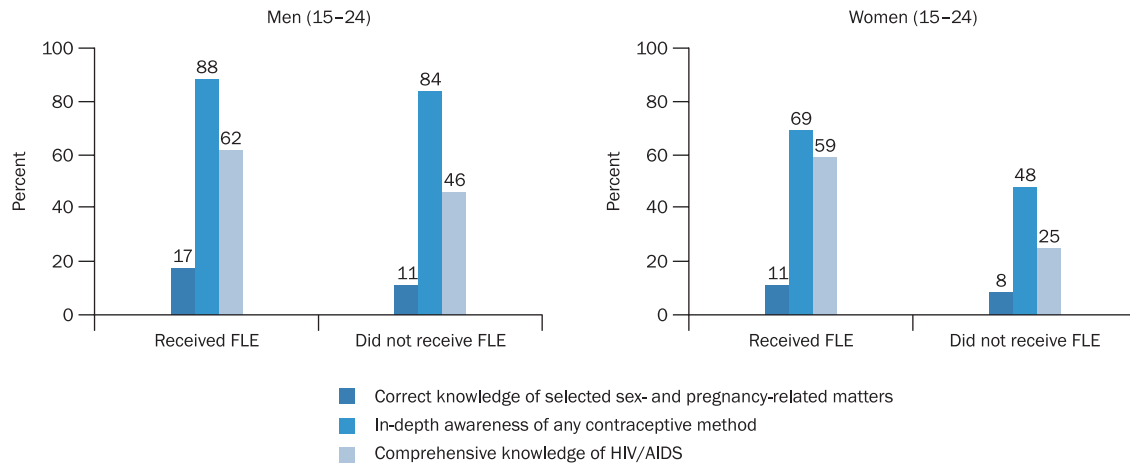
Percentage of youth who received family life or sex education, Maharashtra, 2006



Few youth had attended family life or sex education programmes either in or outside the school setting—just one in eight young men and one in four young women. Despite this, youth were overwhelmingly in favour of the provision of family life or sex education to young people; typically, young people preferred to receive this education from a professional (health care provider, teacher and so on). Findings suggest moreover, that youth who had received family life or sex education were indeed more knowledgeable about sexual and reproductive matters than those not exposed to this education.



Percentage of youth reporting knowledge of selected sexual and reproductive health matters according to whether they had or had not received family life or sex education, Maharashtra, 2006

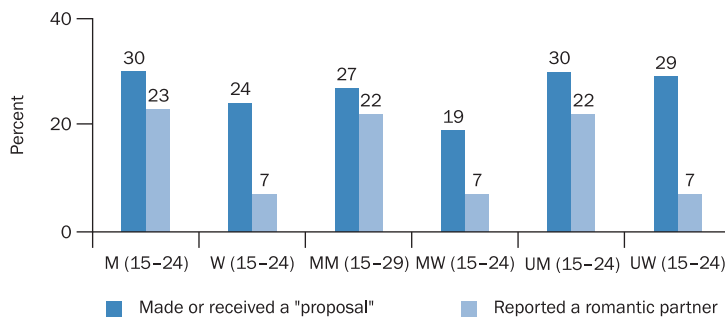


Note: FLE: Family life or sex education.

Pre-marital romantic relations

Findings confirm that despite strict norms prohibiting pre-marital opposite-sex mixing, opportunities do exist for the formation of pre-marital romantic relations. Indeed, significant minorities of young men and women had received or made a “proposal” for a romantic relationship (24–30%), and noteworthy, if smaller, percentages reported that they had been involved in a romantic partnership (23% and 7% of young men and women, respectively). Patterns of pre-marital romantic partnerships suggest that where partnerships occurred, they were initiated at an early age and were usually hidden from parents but not from peers. There was a clear progression in reported physical intimacy and sexual experience with romantic partners: while over 90% of young men had held hands with a romantic partner, about half had engaged in sexual relations; and among young women, while over four in five had held hands with a romantic partner, 13% had engaged in sexual relations with this partner. Notable disparities in expectations of a longer-term commitment emerged that show that young women were considerably more likely than young men to have expected

Percentage of youth who had made or received a “proposal” for romantic partnership formation and percentage who had an opposite-sex romantic partner, Maharashtra, 2006



M=Men; W=Women; MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women

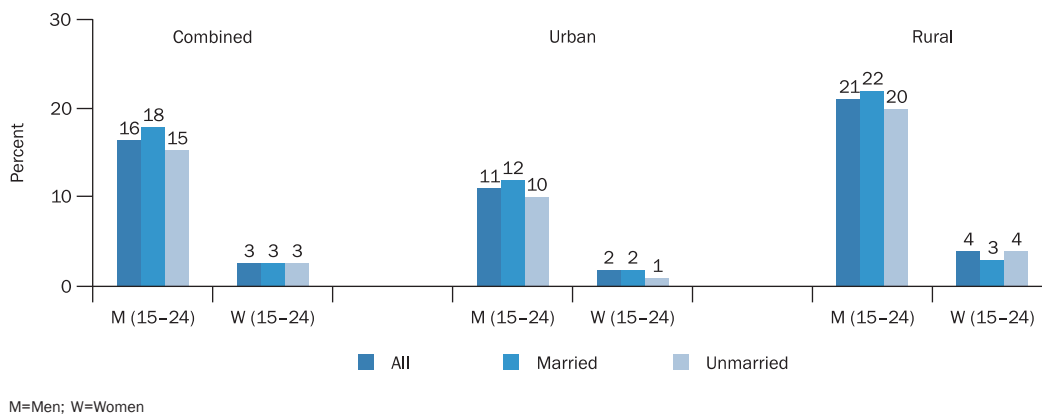


a romantic relationship to lead to marriage. Partner communication and negotiation regarding safe sex were rare, and sex was unprotected for many. For a small minority of young women who had engaged in sexual relations with a romantic partner, sex was not consensual.

Pre-marital sexual experiences in romantic and other relationships

In total, 16% of young men and about 3% of young women reported the experience of pre-marital sex within romantic and/or other partnerships. In general, first pre-marital sex took place earlier among young men than young women, and among rural than urban youth. Moreover, initiation into pre-marital sexual activity increased as young people transitioned from early adolescence (before age 15) to late adolescence (before age 20) and further as they transitioned into young adulthood (before age 25).

Percentage of youth reporting pre-marital sex, according to residence, Maharashtra, 2006



While sex with a romantic partner characterised pre-marital experiences for many of the sexually experienced, findings suggest that young men, but not young women, also engaged in sex in other contexts—mainly with sex workers, married women and casual partners. Many sexual experiences were risky, for example, approximately one-third of young men and women reporting pre-marital sex had engaged in sex with more than one partner. Moreover, consistent condom use was limited—just 7% of sexually active young women and 22% of sexually active young men reported condom use in all pre-marital encounters.

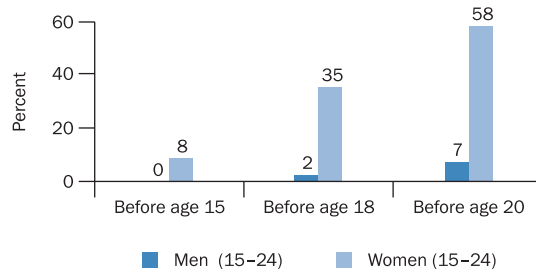
While we acknowledge that youth, especially young women, may not report sexual experience in a survey situation, the Youth Study experience suggests that a series of direct questions supplemented by an opportunity to report sexual experience in an anonymous format provided higher estimates of sexual experience than did face-to-face questioning alone or anonymous third-party reporting of peer behaviours.



Transition to marriage and early married life

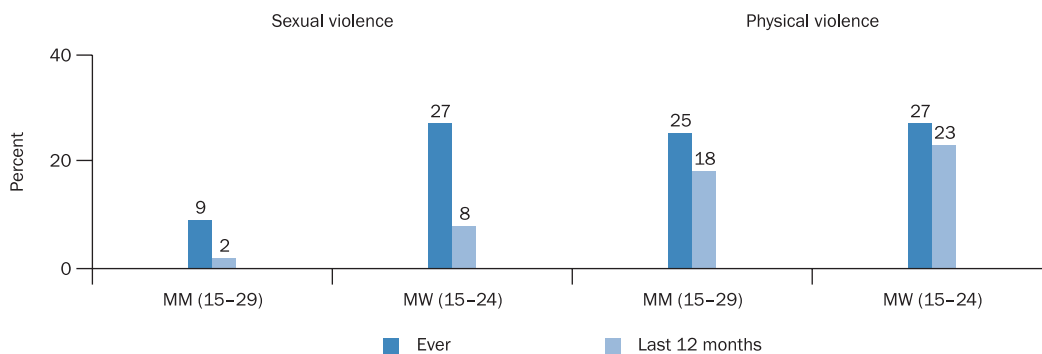
Findings indicate that although most youth preferred to marry after age 18, as many as 35% of young women aged 20–24 were married before age 18. In contrast, just 2% of young men were married before age 18. Almost all youth reported arranged marriages. Dowry characterised the marriages of almost three in five young men and more young women (70%). Moreover, while the young person’s approval of the prospective spouse was sought in most instances, just one-fifth were permitted to meet and interact with their spouse-to-be alone prior to marriage, and between half and two-thirds had met their spouse for the first time on the wedding day. Compounding the lack of pre-marital acquaintance was the lack of awareness of what to expect of married life, reported by three-quarters or more young women and men. Limited couple communication on contraceptive use further undermined married young people’s ability to adopt protective actions.

Percentage of youth aged 20-24 who were married before selected ages, Maharashtra, 2006



Physical violence and forced sex within marriage were reported by significant minorities of youth. For example, more than one-quarter of young women reported ever experiencing violence perpetrated by their husband and a similar percentage of young men reported perpetrating violence on their wife. Recent violence was likewise reported by almost one-quarter of young women and one-fifth of young men. Sexual violence was also reported. Indeed, almost one-quarter of young women reported that the first sexual experience within marriage was forced. Overall, 27% of young women reported ever being forced to engage in sex with their husband; in comparison, just 9% of young men reported forcing their wife to engage in sex.

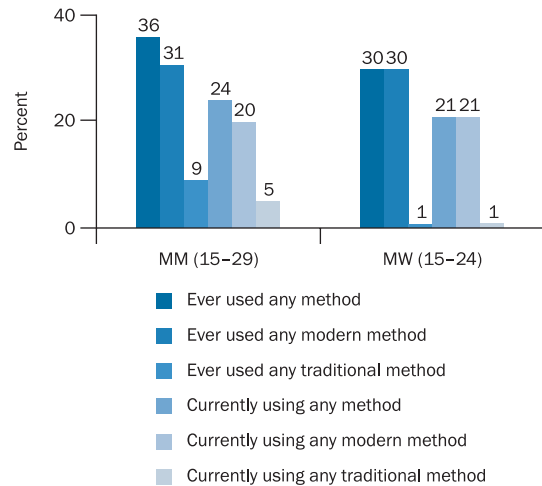
Percentage of married young women reporting experience of physical and sexual violence perpetrated by their husband and percentage of married young men reporting perpetration of physical and sexual violence against their wife, Maharashtra, 2006



MM=Married men; MW=Married women



Percentage of married youth reporting lifetime and current use of contraceptive methods within marriage, Maharashtra, 2006



MM=Married men; MW=Married women

likely to be reported; however, significant minorities of young women were already sterilised at the time of interview. Few young people practised contraception to delay the first birth—one-fourth of young men and one in 10 young women. Not surprisingly, pregnancy typically occurred some eight months following marriage among those who reported that they or their wife had been pregnant at least once. Moreover, large proportions of youth reported experiencing unintended pregnancy. For example, of those women who were not pregnant at the time of interview and those men whose wife was not pregnant at the time of interview, 11% of young men and 25% of young women reported that the last pregnancy was mistimed or unwanted.

Circumstances of the first birth suggest that neither institutional delivery nor skilled attendance at delivery were universal: only 50% of young men and 62% of young women reported that their first birth was delivered institutionally and about four-fifths of both young men and women reported delivery by a skilled attendant.

Son preference was evident. Although most respondents wanted one child of each sex, of those who preferred more than two children, the majority preferred to have more sons than daughters.

Substance use

Findings show that substantial proportions of young men reported the consumption of tobacco and alcohol; about one-third of young men reported tobacco consumption and one-tenth reported alcohol consumption. Drug use was reported by just 0.2%. Few young women reported that they consumed any of these substances.

While the Youth Study did not explore extra-marital sexual experiences in detail, the available data indicate that 3% of young men reported an extra-marital sexual encounter. In contrast, hardly any young women reported an extra-marital sexual encounter.

Contraceptive practice and pregnancy experience

Contraceptive use at any time within marriage was reported by 36% of young men and 30% of young women. However, just one-quarter of all young men and one-fifth of all young women reported use of contraception at the time of interview. Among contraceptive methods typically used, oral contraceptives and condoms were most



Health seeking behaviour

Although youth is a generally healthy period of life, significant minorities reported experiencing general, mental, and sexual and reproductive health problems in the period immediately preceding the interview. For example, between about one-quarter and one-third of youth had experienced high fever, and 5% of young men and 16% of young women reported the experience of symptoms of genital infection. Moreover, about one in five young women reported menstrual problems; at the same time, over one-quarter of young men reported anxiety about nocturnal emission. Finally, responses indicative of mental health disorders were reported by some 13% of young men and 17% of young women.

As far as care seeking for general and sexual and reproductive health problems was concerned, patterns varied by type of problem. While the large majority of those experiencing high fever, for example, sought care, many fewer sought care for sexual and reproductive health problems. Of those who sought treatment, the majority sought advice or treatment from a private facility or provider, irrespective of the type of problem. It is notable, however, that in the case of anxiety about nocturnal emission, youth rarely sought advice from a health care provider, preferring to do so from peers.

Findings suggest that youth were uncomfortable about seeking sexual and reproductive health services. Large proportions of youth—minorities in the case of married young men, but larger proportions in the case of unmarried young men and all young women—would indeed find it difficult to seek appropriate care for sexual and reproductive matters.

Finally, small minorities reported that they had undergone HIV testing—10–18% of the married and 3–5% of the unmarried. Married women were more likely than youth in any other group to have undergone testing, likely associated with antenatal services. Youth were, however, overwhelmingly in favour of pre-marital HIV testing.

Participation in civil society and political life

Although a number of programmes are held to build youth skills, relatively few youth (one-quarter of young men and almost one-third of young women) reported familiarity with either government- or NGO-sponsored programmes organised at the community level in which youth could participate. Far fewer youth—15% of young men 8% of young women—reported participating in any such programme. Many more—63% and 27% of young men and women, respectively—reported that they had participated in community-sponsored programmes such as cleanliness drives, celebration of festivals and national days and so on. Finally, about one-fifth of young men, compared to 8% of young women, reported membership in organised groups.

Among those eligible, few had cast their vote in the most recent election for which they were eligible to vote. While 87% of married young men reported voting, just under two-thirds of unmarried young men and married young women and fewer than half of unmarried young women did so. Also of note is that while most youth perceived that elections were fair and permitted one to vote without fear, the large majority (75–80%) reported disillusionment with



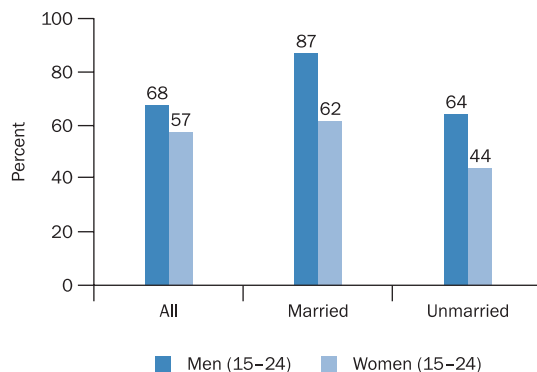
the commitment of political parties to work for change at the community level.

By and large, youth reported secular attitudes; 90% or more reported that they mixed freely with individuals of different religions and castes. However, just about one in five agreed that it was better to tolerate rather than punish someone who insulted their religion. Findings typically suggest that young women and rural youth were more likely than others to report conservative views.

Considerable proportions of young men and women acknowledged that physical fights among young men and also among young women did occur in their village or urban neighbourhood. However, just 10% of young men and 2% of young women reported that they had been involved in a physical fight in the year preceding the interview.

Young people's perceptions of the leading problems facing youth varied enormously by sex. Among young men, the majority reported difficulty in finding employment as the leading problem, followed by concerns about poverty more generally and lack of amenities or infrastructure. In contrast, the leading problems expressed by young women were the lack of amenities or infrastructure, and to a lesser extent, difficulty in finding employment, poverty more generally and lack of opportunities for education.

Percentage of youth aged 20 or above who voted in the last election, Maharashtra, 2006



Recommendations for programmes

Findings presented above underscore the fact that youth face numerous challenges while making the transition to adulthood. These challenges call for multiple areas for programme intervention at the youth, family and service delivery levels. Key recommendations emerging from the present study are outlined below.

Although young people in Maharashtra are spending much of their adolescence pursuing their education, concerted efforts are needed if the state is to meet the Millennium Development Goal of ensuring universal primary school completion. Efforts must be made to address the economic pressures that may lead parents to withdraw their children from school in favour of work; that promote positive attitudes towards education and school completion among youth and their parents; and that address school-level barriers, notably, poor infrastructure, quality of education and academic failure. There is a need to incorporate livelihoods skills building models in the school setting and to provide opportunities for those in school to gain market-driven job skills that will expand young people's aspirations regarding their education and career. Moreover, investments in improving the quality of the schooling experience are needed that focus on providing better training and ensuring accountability for teachers. At the same time, efforts



are needed that give those who discontinued their education prematurely a second chance to continue their education.

High levels of unemployment observed among youth, particularly among the educated, call for efforts that enable youth to acquire skills for which there is an established market demand, and that link eligible youth to employment opportunities.

Findings that a sizeable proportion of young men and some young women reported having engaged in sex before marriage, and that sexual relations were generally uninformed, unsafe or unwanted, underscore the need to build sexual and reproductive health awareness of young people, develop their skills in negotiating safe sex and communicating with partners, while at the same time, make available appropriate family planning and infection prevention services for both married and unmarried young men and women.

There is clearly a need for action to delay marriages of young women. These efforts need to be multi-pronged; for example, building community support for delayed marriage by involving youth themselves as well as their families; ensuring a greater commitment on the part of law enforcement agencies to enforce existing laws on minimum age at marriage and the registration of marriages; and at the individual level, ensuring the greater involvement of school, health and other authorities to support young women in negotiating with parents to delay marriage.

Parents must also be apprised of the need to involve children in marriage-related decisions and enable them to interact with their prospective spouse prior to the wedding day. Parents must also be made aware of the physical and mental health dangers of early marriage and the adverse experiences of many young women (and some young men) who were married early or who were unprepared for marriage.

The provision of family life or sex education to young people has been a controversial issue in Maharashtra. Youth study findings on young people's limited understanding of sexual and reproductive matters, their articulated demand for such education, and the fact that substantial minorities had engaged in sexual risk taking call for school-based family life or sex education for those in school and community-based expert-led education for those out-of-school, that provides information tailored not only to raise awareness among youth about sexual and reproductive matters and rights, but also to enable young people to correctly understand and assess the risks they face and to adopt appropriate protective actions. Attention must simultaneously be paid to the training of trainers.

Findings highlight the limited agency of young women and even some young men, and the persistence of inegalitarian gender role attitudes, notably among young men. These findings call for attention to promote life skills education programmes for youth, especially young women, both unmarried and married, which will enable them to have an informed say in their own lives and gain access to economic resources. Safe spaces should be identified in which young women can build social networks and find social support among peers. At the same time, programmes must promote new concepts of masculinity and femininity among youth and promote messages that build egalitarian relations between women and men.



Findings that married young women are notably disadvantaged call for efforts that address the health and empowerment needs of married young women, enable young women to have greater control over resources, break down their social isolation and encourage couple communication, negotiation and conflict management skills early in marriage. Providers must be trained and charged with the responsibility of reaching married young women and men—including those who have not yet experienced pregnancy—with information regarding contraception and other reproductive health matters as well as contraceptive supplies and pregnancy-related care. Intervention models that address these needs should be reviewed and scaled up as appropriate.

The Youth Study confirms both an adverse sex ratio of the child population in the state and the persistence of a preference for sons over daughters even among youth. While the adverse child sex ratio cannot be attributed to young people alone, it is likely, given low fertility rates and early marriage, that family formation will be concentrated at young ages and the preferences and behaviours of youth will shape the extent to which sex ratios remain adverse to females or become more balanced. Programmes are needed, therefore, that sensitise youth—and particularly the about-to-be-married and the newly-married—about the value of daughters and long-term consequences of an unbalanced sex ratio at birth, on one hand, and about the Pre-Conception, Pre-Natal Diagnostic Techniques (PCPNDT) Act and the fact that sex selective abortion is illegal, on the other.

Limited interaction and social distance between parents and young people while growing up and the gendered nature of socialisation experiences call for efforts to create a supportive environment for young people. Programmes are needed that address parental inhibitions about discussing sexual matters with their children, encourage greater openness and interaction between parents and children and enable the adoption of gender-egalitarian child-rearing practices.

Although the Reproductive and Child Health Programme has advocated special services for youth, including the unmarried, these services had not reached youth in our survey. Action is needed that sensitises health care providers about the special needs, heterogeneity and vulnerability of unmarried and married young women and men, and orients them to the need for developing appropriate strategies to reach these diverse groups, including young newly-weds. Programmes must be inclusive of unmarried young people and recognise their need and right to sexual and reproductive health and related information and services. Counselling and contraceptive services must be made available to unmarried young people in a non-threatening, non-judgmental and confidential environment. Indeed, these findings call for the implementation of strategies outlined under the National Rural Health Mission's Reproductive and Child Health Programme. At the same time, efforts must be made to address the mental health concerns of youth.

Directions for future research

Findings presented in this report provide a broad picture of youth in Maharashtra. At the same time, findings have raised a number of issues that require further investigation, particularly with regard to the determinants and consequences of youth behaviours and practices during the transition to adulthood. While the Youth Study is indeed a rich source of data that will



enable investigators to fill many of the information gaps identified, there are several gaps in knowledge that will require additional research efforts.

Youth Study findings highlight the need for further research in terms of formative research that explores in greater depth factors impeding successful transitions to adulthood, including the completion of education, entry into the labour force, initiation of sexual activity, and marriage and parenthood. Research is also needed that explores the role of peers, socialisation practices, access to information and access to services in young people's lives, and the ways in which these may contribute to or impede young people's ability to make successful transitions. A general research recommendation is the urgent need for prospective or panel study designs that follow a cohort of adolescents at regular intervals up to age 24. Prospective study designs would enable researchers to take a life course approach, identify, with compelling data, the factors responsible for healthy transitions to adulthood and point to the ways in which the situation and experiences of youth in adolescence influence their life courses at later ages.

Operations research is also needed. While there are a number of interventions intended to address the needs of youth—for example, addressing the needs of married girls, changing the norms of masculinity and femininity, encouraging education for girls, developing market-based vocational skills and providing family life or sex education—few of these have been rigorously evaluated. Also urgently needed are rigorously designed and tested intervention models that not only pay attention to the content and delivery of the intervention but also measure effectiveness and acceptability—in short, that will enable a shift from the implementation of promising to best practices in addressing young people's needs. In order to inform the field, multiple inputs are required. Ultimately, research is needed that monitors the scaling up of successful interventions in terms of their impact on young people's lives.

In brief, the Youth Study has documented, for the first time, the multi-faceted situation of youth in Maharashtra. The study highlights several positive aspects of young people's lives but also alerts us to the many challenges confronting youth and their ability to make a successful transition to adulthood. It emphasises the heterogeneity of youth, not only in terms of their situation but also with regard to their stated needs and preferred mechanisms to address these needs. Programmes must recognise the heterogeneity of young people, and interventions and delivery mechanisms should be appropriately tailored to meet their needs. Evidence presented here provides not only a blue-print for the programming needs of youth in Maharashtra but also a base-line by which to measure the impact of programmes intended to address youth needs.





Youth in India: Situation and Needs

Key indicators by sex of respondents, 2006–2007: Maharashtra

| Key indicators | Combined | | | | Urban | | Rural | |
|--|----------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | Men (15–24) | Women (15–24) | Men (15–24) | Women (15–24) | Men (15–24) | Women (15–24) | Men (15–24) | Women (15–24) |
| | 2,336 | 4,488 | 1,382 | 2,229 | 954 | 2,259 | | |
| Number of respondents | | | | | | | | |
| Socio-demographic profile | | | | | | | | |
| 1. Completed 7 years of schooling (%) | 17.6 | 21.5 | 15.0 | 16.4 | 19.6 | 25.5 | | |
| 2. Not in school at age 12 (%) | 9.4 | 15.5 | 6.7 | 10.8 | 11.5 | 19.2 | | |
| 3. Engaged in paid and/or unpaid work in last 12 months (%) | 66.6 | 31.5 | 59.0 | 16.3 | 72.7 | 43.4 | | |
| 4. Engaged in paid work in last 12 months (%) | 63.3 | 28.2 | 57.0 | 15.8 | 68.3 | 37.9 | | |
| 5. Unemployment rate (as % of labour force) | 19.5 | 16.7 | 17.8 | 25.6 | 20.7 | 13.2 | | |
| 6. Mother discussed reproductive processes with respondent (%) | 0.3 | 6.3 | 0.2 | 5.1 | 0.5 | 7.2 | | |
| 7. Father discussed reproductive processes with respondent (%) | 0.5 | 0.3 | 0.2 | 0.3 | 0.7 | 0.3 | | |
| 8. Talked to mother about friends (%) | 37.9 | 65.7 | 38.0 | 77.4 | 37.8 | 56.6 | | |
| 9. Talked to father about friends (%) | 37.9 | 37.4 | 39.0 | 44.3 | 37.0 | 32.2 | | |
| Young people's control over their own lives | | | | | | | | |
| 10. Had a bank account (%) | 27.0 | 40.8 | 27.8 | 52.8 | 26.3 | 31.5 | | |
| 11. Took independent decisions about buying clothes (%) | 69.6 | 40.9 | 73.0 | 43.9 | 66.9 | 38.6 | | |
| 12. Allowed to visit friends within village/neighbourhood unescorted (%) | N.A. | 61.5 | N.A. | 68.8 | N.A. | 55.9 | | |
| 13. Allowed to visit health facility unescorted (%) | N.A. | 25.2 | N.A. | 30.9 | N.A. | 20.7 | | |
| Sexual and reproductive health knowledge | | | | | | | | |
| 14. Correct knowledge of legal minimum age at marriage for females (%) | 85.0 | 83.7 | 84.6 | 85.6 | 85.4 | 82.1 | | |
| 15. Aware that a woman can get pregnant at first sexual intercourse (%) | 45.4 | 39.2 | 61.7 | 42.9 | 32.5 | 36.2 | | |
| 16. Aware of: | | | | | | | | |
| a. Condom (%) | 94.5 | 62.3 | 96.5 | 73.8 | 92.8 | 53.3 | | |
| b. Oral contraceptive pills (%) | 75.9 | 84.8 | 77.6 | 95.2 | 74.6 | 76.7 | | |
| c. IUD (%) | 14.1 | 41.7 | 15.2 | 45.9 | 13.3 | 38.4 | | |
| d. Withdrawal (%) | 8.0 | 2.9 | 8.0 | 2.5 | 8.2 | 3.1 | | |
| 17. Correct specific knowledge ¹ of: | | | | | | | | |
| a. Condom (%) | 83.3 | 29.5 | 88.6 | 35.8 | 79.1 | 24.5 | | |
| b. Oral contraceptive pills (%) | 27.0 | 44.7 | 28.1 | 52.5 | 26.2 | 38.7 | | |
| c. IUD (%) | 6.3 | 20.0 | 9.3 | 24.9 | 3.8 | 16.2 | | |
| d. Withdrawal (%) | 5.1 | 1.6 | 5.1 | 2.0 | 5.1 | 1.4 | | |
| 18. Reported that condoms do not reduce sexual pleasure (%) | 46.6 | 46.2 | 51.5 | 46.4 | 42.5 | 46.0 | | |
| 19. Comprehensive knowledge of the conditions under which abortion is legal ² (%) | 10.5 | 12.0 | 14.3 | 15.3 | 7.6 | 9.4 | | |

| Key indicators | Combined | | Urban | | Rural | |
|---|----------|---------|---------|---------|---------|---------|
| | Men | Women | Men | Women | Men | Women |
| | (15-24) | (15-24) | (15-24) | (15-24) | (15-24) | (15-24) |
| 20. Heard about: | | | | | | |
| a. HIV/AIDS (%) | 91.4 | 76.8 | 95.9 | 85.8 | 87.9 | 69.7 |
| b. STI/RTI (%) | 15.0 | 14.1 | 14.2 | 17.0 | 15.6 | 11.7 |
| 21. Comprehensive knowledge of HIV ² (%) | 48.1 | 33.4 | 62.8 | 40.7 | 36.5 | 27.6 |
| Pre-marital romantic and sexual relationships | | | | | | |
| 22. Ever had an opposite-sex romantic partner (%) | 22.8 | 7.0 | 15.7 | 9.0 | 28.5 | 5.4 |
| 23. First spent time alone with an opposite-sex romantic partner before age 15 (%) | 18.8 | 26.8 | 9.9 | 24.2 | 22.5 | 30.6 |
| 24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%) | 11.3 | 0.9 | 6.1 | 0.7 | 15.5 | 1.2 |
| 25. Ever had pre-marital sex ⁴ (%) | 16.4 | 2.6 | 10.7 | 1.5 | 20.9 | 3.5 |
| Self-reported health problems | | | | | | |
| 26. Anxiety about swapnadosh/nocturnal emission (men) in last 12 months (%) | 28.2 | N.A. | 30.5 | N.A. | 26.4 | N.A. |
| 27. Menstrual problems (women) in last 3 months (%) | N.A. | 19.9 | N.A. | 17.7 | N.A. | 21.7 |
| 28. Symptoms of genital infection in last 3 months ⁵ (%) | 4.7 | 15.6 | 1.1 | 14.9 | 7.6 | 16.1 |
| Youth life-style | | | | | | |
| 29. Consumed alcohol at least once in last month (%) | 3.0 | 0.0 | 4.3 | 0.0 | 2.0 | 0.0 |
| 30. Consumed drugs at least once in last month (%) | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| 31. Consumed tobacco products at least once in last month (%) | 29.7 | 1.8 | 23.8 | 1.1 | 34.3 | 2.3 |
| 32. Involved in physical fights in last 12 months (%) | 10.4 | 1.7 | 7.0 | 1.2 | 13.1 | 2.0 |
| 33. Watched television often (%) | 28.6 | 47.8 | 37.0 | 66.8 | 21.9 | 33.0 |
| Programme participation and voting experience | | | | | | |
| 34. Participated in youth-related programmes implemented in the community in last 3 years (%) | 14.5 | 8.3 | 5.7 | 5.3 | 21.4 | 10.7 |
| 35. Voted in last election ⁶ (%) | 67.9 | 56.8 | 56.8 | 46.6 | 77.8 | 65.8 |
| Marriage | | | | | | |
| 36. Youth aged 20-24 married before age 18 | 2.4 | 34.9 | 1.4 | 22.2 | 3.4 | 46.3 |

Note: ¹Among all youth. ²Includes being aware that: (1) termination of pregnancy is legal for married women; (2) termination of pregnancy is legal for unmarried women; (3) aborting a foetus after 20 weeks of pregnancy is illegal, and (4) sex-selective abortion is illegal. ³Includes: (1) identification of two major ways of preventing HIV (using condoms and having a single sexual partner); (2) rejection of three common misconceptions about HIV transmission; and (3) awareness that one cannot tell by looking at a person whether he/she has HIV. ⁴Includes sex with opposite-sex romantic partner, same-sex partner, married woman (for young men not including wife), sex worker (for young men), casual partner, and forced and exchange sex relations, as well as responses in linked anonymous reporting (through sealed envelope). ⁵Includes genital ulcers, genital itching, swelling in the groin, discharge, burning during urination, etc. ⁶Among those aged 20 or above. N.A.: Not applicable.





Key indicators by sex and marital status of respondents, 2006–2007: Maharashtra

| Key indicators | Combined | | | | | | Urban | | | | | | Rural | | | | | |
|--|------------|-------|------------|-------|------------|------|------------|-------|------------|--------|------------|-------|------------|--|------------|--|------------|--|
| | MM (15–29) | | MW (15–24) | | UM (15–24) | | MM (15–29) | | MW (15–24) | | UM (15–24) | | MM (15–29) | | MW (15–24) | | UM (15–24) | |
| | 1,065 | 1,947 | 2,017 | 2,541 | 506 | 901 | 1,246 | 1,328 | 559 | 1,046 | 771 | 1,213 | | | | | | |
| Number of respondents | | | | | | | | | | | | | | | | | | |
| Socio-demographic profile | | | | | | | | | | | | | | | | | | |
| 1. Completed 7 years of schooling (%) | 26.8 | 28.9 | 15.6 | 15.2 | 23.8 | 25.7 | 12.9 | 10.3 | 28.9 | 30.8 | 17.7 | 20.1 | | | | | | |
| 2. Not in school at age 12 (%) | 23.1 | 25.0 | 6.7 | 7.6 | 16.5 | 20.4 | 4.4 | 4.6 | 27.7 | 27.7 | 8.5 | 10.5 | | | | | | |
| 3. Engaged in paid and/or unpaid work in last 12 months (%) | 97.6 | 35.5 | 61.8 | 28.5 | 98.9 | 13.2 | 53.5 | 18.3 | 96.9 | 48.2 | 68.7 | 38.5 | | | | | | |
| 4. Engaged in paid work in last 12 months (%) | 96.4 | 30.9 | 58.2 | 26.2 | 98.9 | 12.7 | 51.3 | 17.8 | 94.6 | 41.2 | 63.9 | 34.5 | | | | | | |
| 5. Unemployment rate (as % of labour force) | 4.6 | 12.1 | 23.2 | 21.3 | 1.4 | 24.1 | 21.1 | 26.3 | 7.1 | 9.4 | 24.9 | 18.1 | | | | | | |
| 6. Mother discussed reproductive processes with respondent (%) | 0.7 | 8.3 | 0.4 | 4.7 | 0.8 | 5.7 | 0.2 | 4.8 | 0.9 | 9.8 | 0.6 | 4.5 | | | | | | |
| 7. Father discussed reproductive processes with respondent (%) | 0.2 | 0.2 | 0.6 | 0.3 | 0.0 | 0.2 | 0.2 | 0.4 | 0.4 | 0.3 | 0.8 | 0.3 | | | | | | |
| 8. Talked to mother about friends (%) | 21.7 | 58.4 | 40.3 | 71.5 | 20.8 | 71.3 | 40.6 | 81.2 | 22.4 | 51.3 | 40.0 | 62.0 | | | | | | |
| 9. Talked to father about friends (%) | 23.6 | 30.0 | 39.7 | 43.3 | 26.8 | 34.2 | 40.5 | 50.3 | 21.6 | 27.7 | 39.2 | 36.6 | | | | | | |
| Young people's control over their own lives | | | | | | | | | | | | | | | | | | |
| 10. Had a bank account (%) | 39.1 | 33.8 | 25.6 | 46.6 | 50.9 | 45.4 | 25.4 | 57.5 | 30.8 | 27.2 | 25.8 | 35.9 | | | | | | |
| 11. Took independent decisions about buying clothes (%) | 88.2 | 37.0 | 67.5 | 44.3 | 91.5 | 37.8 | 70.9 | 47.7 | 86.1 | 36.5 | 64.6 | 40.9 | | | | | | |
| 12. Allowed to visit friends within village/neighbourhood unescorted (%) | N.A. | 53.5 | 90.3 | 68.3 | N.A. | 59.4 | 92.7 | 74.9 | N.A. | 50.1 | 88.3 | 61.9 | | | | | | |
| 13. Allowed to visit health facility unescorted (%) | N.A. | 23.8 | 82.4 | 26.3 | N.A. | 27.6 | 90.2 | 33.1 | N.A. | 21.7 | 75.9 | 19.6 | | | | | | |
| Sexual and reproductive health knowledge | | | | | | | | | | | | | | | | | | |
| 14. Correct knowledge of legal minimum age at marriage for females (%) | 85.0 | 82.7 | 85.5 | 84.4 | 86.3 | 84.4 | 84.8 | 86.4 | 84.1 | 81.8 | 86.1 | 82.5 | | | | | | |
| 15. Aware that a woman can get pregnant at first sexual intercourse (%) | 51.6 | 45.8 | 45.1 | 33.5 | 73.1 | 55.2 | 60.8 | 35.1 | 36.7 | 40.5 | 32.1 | 31.8 | | | | | | |
| 16. Aware of: | | | | | | | | | | | | | | | | | | |
| a. Condom (%) | 95.3 | 66.5 | 94.2 | 58.6 | 97.9 | 78.0 | 96.4 | 71.1 | 93.5 | 60.0 | 92.4 | 46.3 | | | | | | |
| b. Oral contraceptive pills (%) | 86.4 | 90.1 | 74.8 | 80.4 | 91.6 | 97.7 | 76.0 | 93.6 | 82.8 | 85.8 | 73.8 | 67.5 | | | | | | |
| c. IUD (%) | 33.1 | 56.7 | 12.9 | 29.2 | 37.2 | 63.8 | 14.3 | 34.5 | 30.3 | 52.6 | 11.9 | 23.9 | | | | | | |
| d. Withdrawal (%) | 15.4 | 4.8 | 7.4 | 1.3 | 13.7 | 4.2 | 7.6 | 1.4 | 16.7 | 5.1 | 7.3 | 1.0 | | | | | | |
| 17. Correct specific knowledge ¹ of: | | | | | | | | | | | | | | | | | | |
| a. Condom (%) | 90.4 | 40.7 | 82.4 | 20.0 | 95.4 | 48.3 | 88.0 | 27.8 | 87.1 | 36.4 | 77.7 | 12.3 | | | | | | |
| b. Oral contraceptive pills (%) | 46.5 | 59.0 | 25.0 | 32.7 | 49.5 | 68.2 | 26.6 | 42.4 | 44.3 | 53.8 | 23.7 | 23.1 | | | | | | |
| c. IUD (%) | 18.0 | 29.1 | 5.6 | 12.3 | 21.9 | 37.1 | 8.6 | 17.0 | 15.3 | 24.5 | 3.1 | 7.6 | | | | | | |
| d. Withdrawal (%) | 11.5 | 2.8 | 4.8 | 0.7 | 10.5 | 3.5 | 4.9 | 1.0 | 12.3 | 2.3 | 4.6 | 0.4 | | | | | | |
| 18. Reported that condoms do not reduce sexual pleasure (%) | 46.5 | 50.3 | 46.2 | 42.2 | 52.4 | 53.7 | 50.2 | 41.2 | 42.2 | 47.7 | 42.7 | 43.8 | | | | | | |
| 19. Comprehensive knowledge of the conditions under which abortion is legal ² (%) | 11.5 | 13.0 | 10.5 | 11.0 | 16.9 | 17.1 | 14.1 | 14.2 | 7.8 | 10.8 | 7.4 | 7.9 | | | | | | |
| 20. Heard about: | | | | | | | | | | | | | | | | | | |
| a. HIV/AIDS (%) | 90.3 | 71.8 | 91.6 | 80.8 | 94.5 | 82.5 | 96.2 | 88.0 | 87.3 | 65.7 | 87.8 | 73.8 | | | | | | |
| b. STI/RTI (%) | 21.5 | 14.6 | 14.9 | 13.6 | 23.3 | 18.2 | 14.0 | 16.2 | 20.1 | 12.6 | 15.7 | 10.9 | | | | | | |
| 21. Comprehensive knowledge of HIV ³ (%) | 43.7 | 32.9 | 49.5 | 33.6 | 58.7 | 41.2 | 64.0 | 40.3 | 33.2 | 28.2 | 37.5 | 27.0 | | | | | | |
| Pre-marital romantic and sexual relationships | | | | | | | | | | | | | | | | | | |
| 22. Ever had an opposite-sex romantic partner (%) | 21.9 | 6.7 | 22.1 | 7.1 | 15.8 | 11.5 | 16.0 | 7.5 | 26.3 | 4.0 | 27.1 | 6.7 | | | | | | |
| 23. First spent time alone with an opposite-sex romantic partner before age 15 (%) | 17.9 | 25.2 | 17.8 | 28.5 | 5.8 | 21.0 | 10.3 | 27.4 | 23.5 | (30.6) | 21.5 | 30.2 | | | | | | |

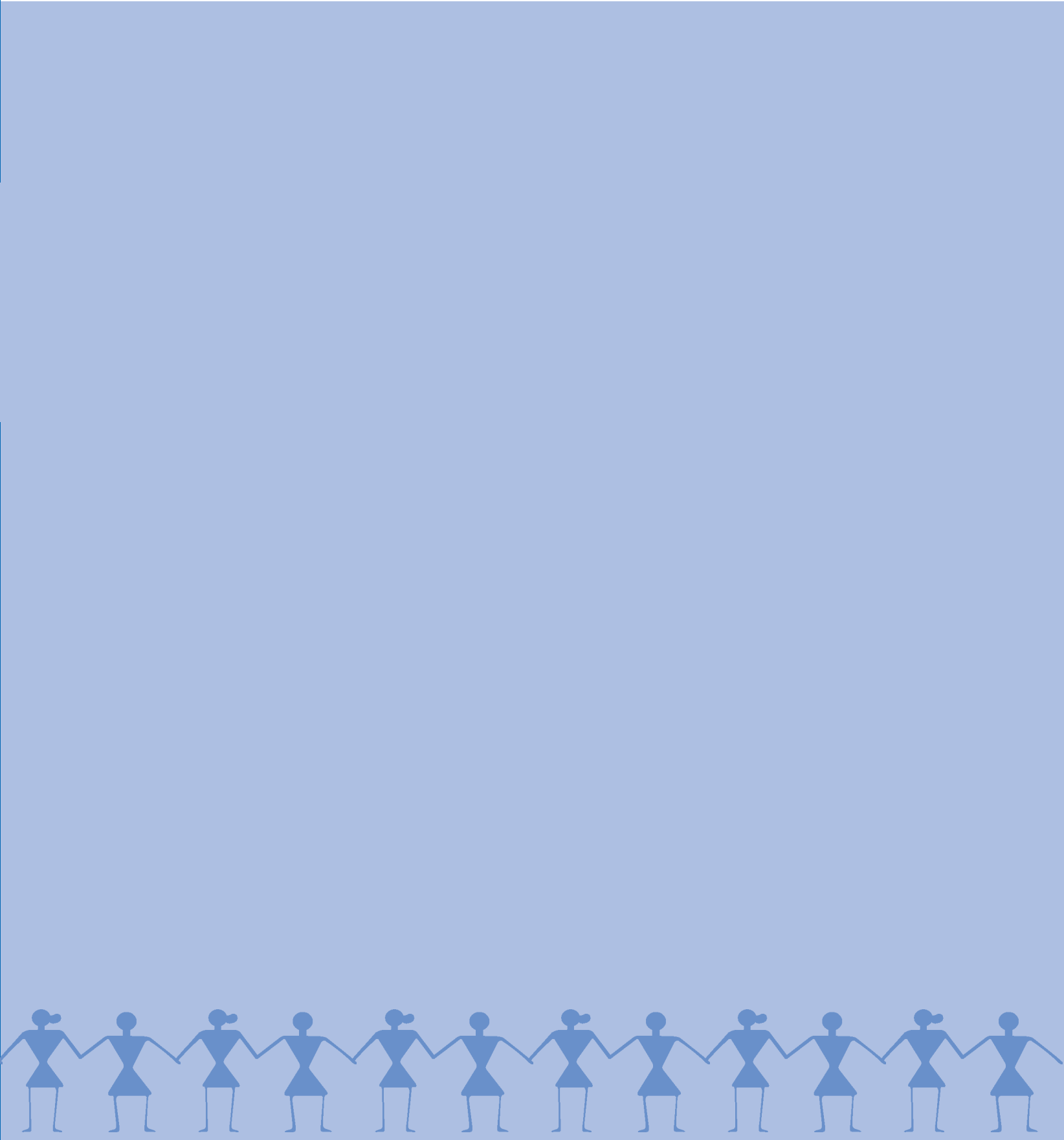
| Key Indicators | Combined | | | | | | Urban | | | Rural | | |
|---|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | MM (15-29) | MW (15-24) | UM (15-24) | MM (15-29) | MW (15-24) | UM (15-24) | MM (15-29) | MW (15-24) | UM (15-24) | MM (15-29) | MW (15-24) | UM (15-24) |
| | 24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%) | 10.6 | 1.0 | 10.6 | 0.9 | 0.8 | 6.2 | 0.6 | 14.5 | 1.1 | 14.3 | 1.2 |
| 25. Ever had pre-marital sex ⁴ (%) | 17.9 | 2.6 | 15.3 | 2.7 | 11.6 | 10.3 | 1.3 | 22.3 | 3.1 | 19.5 | 4.0 | 4.0 |
| Self-reported health problems | | | | | | | | | | | | |
| 26. Anxiety about <i>swaphnadosh</i> /nocturnal emission (men) in last 12 months (%) | 6.0 | N.A. | 31.6 | N.A. | 3.0 | N.A. | N.A. | 8.1 | N.A. | 29.4 | N.A. | N.A. |
| 27. Menstrual problems (women) in last 3 months (%) | N.A. | 16.9 | N.A. | 22.5 | N.A. | N.A. | 19.7 | N.A. | 18.1 | N.A. | 25.3 | 25.3 |
| 28. Symptoms of genital infection in last 3 months ⁵ (%) | 4.2 | 19.2 | 4.7 | 12.6 | 0.5 | 16.1 | 1.2 | 6.7 | 21.0 | 7.5 | 11.2 | 11.2 |
| Youth life-style | | | | | | | | | | | | |
| 29. Consumed alcohol at least once in last month (%) | 12.1 | 0.0 | 1.9 | 0.0 | 15.3 | 0.0 | 0.0 | 9.9 | 0.0 | 0.9 | 0.0 | 0.0 |
| 30. Consumed drugs at least once in last month (%) | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 31. Consumed tobacco products at least once in last month (%) | 59.5 | 2.8 | 25.3 | 1.0 | 53.2 | 2.0 | 20.5 | 64.0 | 3.2 | 29.3 | 1.4 | 1.4 |
| 32. Involved in physical fights in last 12 months (%) | 4.5 | 1.5 | 11.0 | 1.8 | 4.1 | 2.0 | 7.3 | 0.8 | 4.8 | 1.3 | 14.0 | 2.8 |
| 33. Watched television often (%) | 19.3 | 38.4 | 30.3 | 55.6 | 24.7 | 58.4 | 39.1 | 15.5 | 27.1 | 23.0 | 39.1 | 39.1 |
| Programme participation and voting experience | | | | | | | | | | | | |
| 34. Participated in youth-related programmes implemented in the community in last 3 years (%) | 13.1 | 4.8 | 14.8 | 11.3 | 5.7 | 1.8 | 6.1 | 18.3 | 6.5 | 22.0 | 15.0 | 15.0 |
| 35. Voted in last election ⁶ (%) | 86.5 | 62.0 | 64.0 | 43.9 | 79.4 | 50.0 | 52.4 | 91.5 | 69.7 | 75.2 | 48.6 | 48.6 |
| Married life | | | | | | | | | | | | |
| 36. Reported a love marriage (%) | 5.0 | | 4.9 | | 7.3 | | 10.2 | 3.3 | | 1.9 | | 1.9 |
| 37. Usually discussed money matters with spouse (%) | 87.1 | | 81.8 | | 85.6 | | 84.1 | 88.2 | | 80.4 | | 80.4 |
| 38. Reported any physical violence perpetrated by husband on wife (%) | 24.8 | | 26.9 | | 12.5 | | 25.2 | 33.2 | | 27.8 | | 27.8 |
| 39. Husband ever forced wife to have sex (%) | 8.5 | | 27.3 | | 4.4 | | 24.3 | 11.3 | | 28.9 | | 28.9 |
| 40. Ever had extra-marital sex (%) | 2.8 | | 0.2 | | 0.7 | | 0.1 | 4.3 | | 0.2 | | 0.2 |
| 41. Ever used contraception within marriage (%) | 36.2 | | 30.2 | | 34.7 | | 36.2 | 37.2 | | 26.8 | | 26.8 |
| 42. Currently using contraception (%) | 23.6 | | 21.3 | | 24.3 | | 26.8 | 23.2 | | 18.2 | | 18.2 |
| 43. Ever used a contraceptive method to delay first pregnancy (%) | 24.8 | | 9.1 | | 22.2 | | 10.9 | 26.5 | | 8.2 | | 8.2 |
| 44. Children ever born (mean) | 1.1 | | 1.2 | | 1.0 | | 1.0 | 1.2 | | 1.3 | | 1.3 |
| 45. Ideal number of children ⁷ (mean) | 2.2 | | 2.0 | | 2.2 | | 2.0 | 2.2 | | 2.1 | | 2.1 |
| 46. First delivery in health institution ⁸ | 50.0 | | 62.2 | | 74.6 | | 80.9 | 35.3 | | 52.7 | | 52.7 |
| 47. First birth attended by a health professional ⁹ (%) | 95.4 | | 96.0 | | 78.5 | | 86.2 | 85.1 | | 89.6 | | 89.6 |

Note: MM: Married men, MW: Married women, UM: Unmarried men, UW: Unmarried women. ¹Among all youth. ²Includes being aware that: (1) termination of pregnancy is legal for married women; (2) termination of pregnancy is legal for unmarried women; (3) aborting a foetus after 20 weeks of pregnancy is illegal, and (4) sex-selective abortion is illegal. ³Includes: (1) identification of two major ways of preventing HIV (using condoms and having a single sexual partner); (2) rejection of three common misconceptions about HIV transmission; and (3) awareness that one cannot tell by looking at a person whether he/she has HIV. ⁴Includes sex with opposite-sex romantic partner, same-sex partner, married woman (for young men not including wife), sex worker (for young men), casual partner, and forced and exchange sex relations, as well as responses in linked anonymous reporting (through sealed envelope). ⁵Includes genital ulcers, genital itching, swelling in the groin, discharge, burning during urination, etc. ⁶Among those aged 20 or above. ⁷Includes only numeric responses. ⁸Includes those whose first pregnancy outcome was a live or still birth. ⁹Includes institutional delivery or home delivery attended by a doctor/ANM/nurse/LHV, midwife (trained) or other health professional, among those whose first pregnancy outcome was a live or still birth. N.A.: Not applicable. () Based on 25-49 unweighted cases.



Notes







Supported by:

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