

## ABSTRACT

### Adolescent Reproductive and Sexual Health in India-Knowledge & Behaviour

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**Problem Statement:** About one-fifth of India's population is in the adolescent age group of 10–19 years. Adolescence is the last chance to correct the growth lag and malnutrition. Many adolescent boys and girls are sexually active but lack information and skill for self-protection especially low level of information on Family Planning, low contraception use. Adolescents have the double disadvantage of carrying the burden of pre-existing diseases of the childhood. They are developing rapidly and having an extreme degree of pressure from peers, from parents, from society, and self. Though sexual and reproductive healths are often converge but are not the same. A large amount of the mortality in adulthood is linked to habits picked up during adolescence. Prevailing malnutrition, anaemia, stunting and lack of immunization have adverse impact on MMR, IMR, and morbidity and have intergenerational effects. Adolescent sexuality leads to adolescent pregnancy, unsafe abortion, RTI, STI/HIV and social problems. By Adolescent pregnancy, the risk of ADVERSE outcome is higher.

**Objectives:** To examine the correlates of reproductive and sexual knowledge and behaviour among adolescents vis-à-vis other age groups.

**Design:** Nationally representative household survey with multi-stage sampling.

**Setting and Population:** The National Family Health Survey 2005-06 under the support of the Government of India is the third in the series of DHS surveys done in India in 1992-93, 1998-99 and the latest in 2005-06. NFHS-3 provides information on fertility, mortality, family planning, HIV-related knowledge, and important aspects of nutrition, health, and health care. Unlike the earlier surveys, however, NFHS-3 interviewed men age 15-54 and never married women age 15-49, as well as ever-married women, and included questions on several emerging issues such as perinatal mortality, male involvement in maternal health care, adolescent reproductive health, higher-risk sexual behaviour, family life education, safe injections, and knowledge about tuberculosis. NFHS-3 collected information from a nationally representative sample of 109,041 households, 124,385 women age 15-49, and 74,369 men age 15-54. The NFHS-3 sample covers 99 percent of India's population living in all 29 states. A total of 515,507 individuals who stayed in the household the night before the interview were enumerated in the 109,041 NFHS-3 sample households. Thirty-five percent of the population is under age 15, and only 5 percent is age 65 and older. Fourteen percent of heads of households are women. Over two-thirds (69 percent) of the population lives in rural areas. (*NFHS-3 Report*)

**Outcome Measures:** Contraceptive knowledge and use, emotional and sexual violence with women, Knowledge about sexually transmitted diseases and AIDS, reproductive morbidity.

**Variables of Interest:** Socio-cultural variables like religion and ethnicity, economic variable of wealth index, mass media exposure through television, radio or newspaper, residence in rural or urban areas, self and partner's education, age gap between self and partner, sex of household head.

**Results:**

Preliminary findings suggest that economic status, education and mass media exposure are significant correlates of reproductive and sexual knowledge and behaviour. IEC/BCC strategies envisaged in the NRHM would play a prime role in hastening positive health outcomes for young generation.

More than half of women are married before the legal minimum age of 18. Among women age 20-49, the median age at first marriage is 17.2 years. By contrast, men in the same age group get married six years later, at a median age of 23.4 years. Sixteen percent of men age 20-49 are married by age 18, 28 percent by age 20, and 58 percent by age 25. The greatest differences in fertility are by education and household wealth. Unplanned pregnancies are relatively common. Among births in the five years before the survey, 10 percent were mistimed (wanted later) and 11 percent were not wanted at all. Teenage pregnancy is common. Overall, one in six women age 15-19 have begun childbearing, 12 percent have become mothers and 4 percent were pregnant with their first child at the time of the survey. Knowledge of contraception is widespread even among adolescents. Comprehensive knowledge of HIV/AIDS is strongly associated with education, wealth quintiles, and exposure to media among both young women and men. Fifty-one percent of women and 27 percent of men age 15-24 have ever had sex. Ten percent of young women and 2 percent of young men had their first sexual intercourse by age 15, and among those age 18-24, 40 percent of women and 12 percent of men had sex for the first time before reaching age 18. Only 3 percent of young women and 15 percent of young men who have ever had sex used condoms the first time they had sexual intercourse.

**Conclusions:**

More focussed efforts through mass media exposure and education can assuage the susceptibility of adolescents to spoils arising out of gaps in reproductive and sexual health knowledge and enticement to risky behaviour. Poverty alleviation measures and employment generation for youth should also be taken up on priority basis by the administration. The endeavour of the Government of India through National Rural Health Mission focussing on the frail performing states and upcoming National Urban Health Mission by means of behaviour change communication and Information, education and communication efforts to reach adolescents in the remotest areas of the country could accelerate the betterment in the quality of life indicators for all but especially adolescents.

## Annexure: TABLES

**Crosstab(a)**

			Experienced any sexual violence		Total
			No	Yes (D105H-I)	
Wealth index	Poorest	Count	1044	211	1255
		% within Wealth index	83.2%	16.8%	100.0%
	Poorer	Count	981	165	1146
		% within Wealth index	85.6%	14.4%	100.0%
	Middle	Count	820	96	916
		% within Wealth index	89.5%	10.5%	100.0%
	Richer	Count	521	52	573
		% within Wealth index	90.9%	9.1%	100.0%
	Richest	Count	222	9	231
		% within Wealth index	96.1%	3.9%	100.0%
Total		Count	3588	533	4121
		% within Wealth index	87.1%	12.9%	100.0%

a respondent age group = 15-19

**Chi-Square Tests(b)**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	48.178(a)	4	.000
Likelihood Ratio	53.423	4	.000
Linear-by-Linear Association	46.917	1	.000
N of Valid Cases	4121		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 29.88.

b respondent age group = 15-19

**Crosstab(a)**

			Experienced any sexual violence		Total
			No	Yes (D105H-I)	
mass media exposure	no	Count	1149	199	1348
		% within mass media exposure	85.2%	14.8%	100.0%
	yes	Count	2439	334	2773
		% within mass media exposure	88.0%	12.0%	100.0%
Total		Count	3588	533	4121
		% within mass media exposure	87.1%	12.9%	100.0%

a respondent age group = 15-19

**Chi-Square Tests(c)**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.950(b)	1	.015		
Continuity Correction(a)	5.711	1	.017		
Likelihood Ratio	5.840	1	.016		
Fisher's Exact Test				.015	.009
Linear-by-Linear Association	5.949	1	.015		
N of Valid Cases	4121				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 174.35.

c respondent age group = 15-19