

Sexual and reproductive health challenges facing young people

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Global context

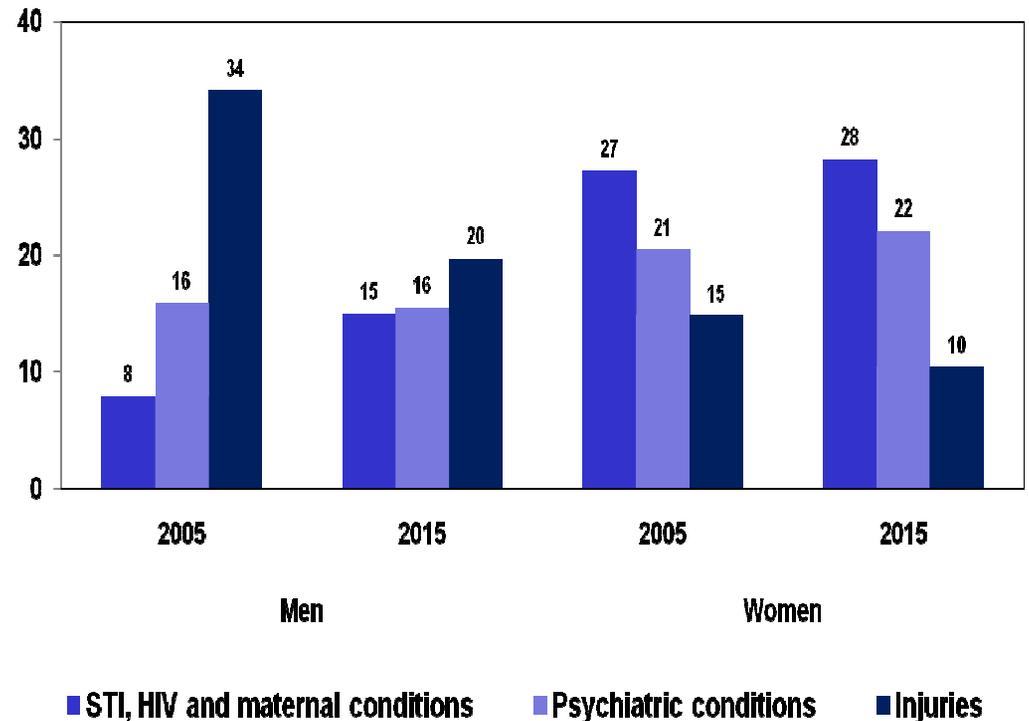
- **More than 33 percent of the disease burden and almost 60 percent of premature deaths among adults associated with behaviours or conditions typically initiated in adolescence – tobacco and alcohol use, sexual risk-taking and abuse, early marriage and childbirth (Lule et al., 2006; WHO, 2002).**
- **SRH conditions are and will continue to be one of the leading causes of the burden of diseases among young people in the near future, especially among young women (WHO, 2004).**

DALYs lost to young men and women, 2005 and 2015

Sexual and reproductive health conditions account for a sizeable chunk of disability-adjusted life years (DALYs) lost to young men and women:

leading cause of DALYs for women in 2005 and 2015

doubles in importance for young men (from 8% to 15%) – in contrast DALYs lost due to injuries decline, and to psychiatric conditions unchanged



Key factors limiting the ability of young people and other settings to make healthy SR transitions to adulthood

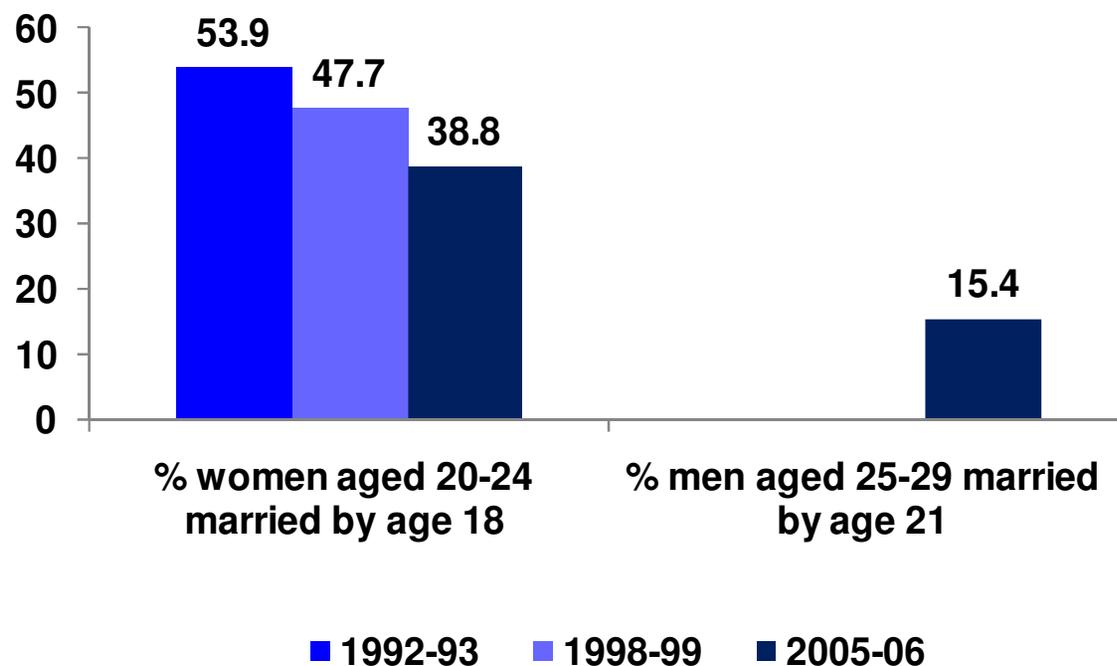
- **Sexual initiation occurs early**
- **Sexual relations are unsafe and sometimes unwanted**
- **Youth are poorly informed about sexual and reproductive matters**
- **Environments – family, school, community – not always supportive**
- **Sexual and reproductive health needs of youth are poorly served**

Poverty and gender inequalities condition the ability of youth to make informed choices and adopt health promoting behaviours

1. Sexual initiation occurs early

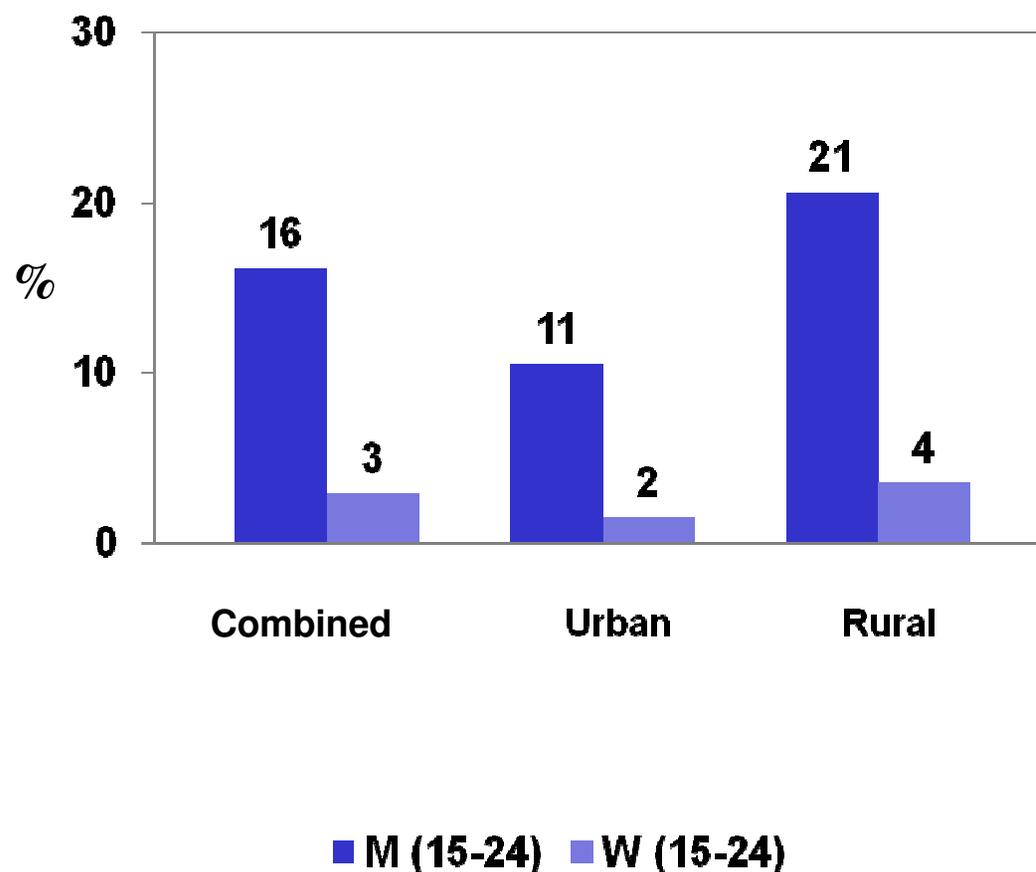
Marriage continues to take place at young ages for sizeable proportions of young women, Maharashtra

- 40% of all females marry before age 18
- One in six of young men marry before 21
- Declines in early marriage very gradual 1992-3 to 2006-7
- Where marriage marks sexual initiation for girls, but not boys, early marriage exposes adolescent girls to the risk of acquiring STIs or HIV



Many youth are sexually active before marriage (Maharashtra)

- Growing evidence at state-level of premarital sexual activity among youth, particularly among young males
- Evidence from smaller and less representative studies also suggest that roughly 15-30 percent of young men and fewer than 10 percent of young women have ever experienced pre-marital sexual relations



2. Sexual relations are unsafe and sometimes unwanted

Before or within marriage, sex is not always safe

- **Multiple partner pre-marital sexual relations:**

Sexually experienced young men: 32%

Sexually experienced young women: 30%²

- **Unmet family planning need:**

21-27% at ages 15-24 compared with 13% for reproductive-age women as a whole¹

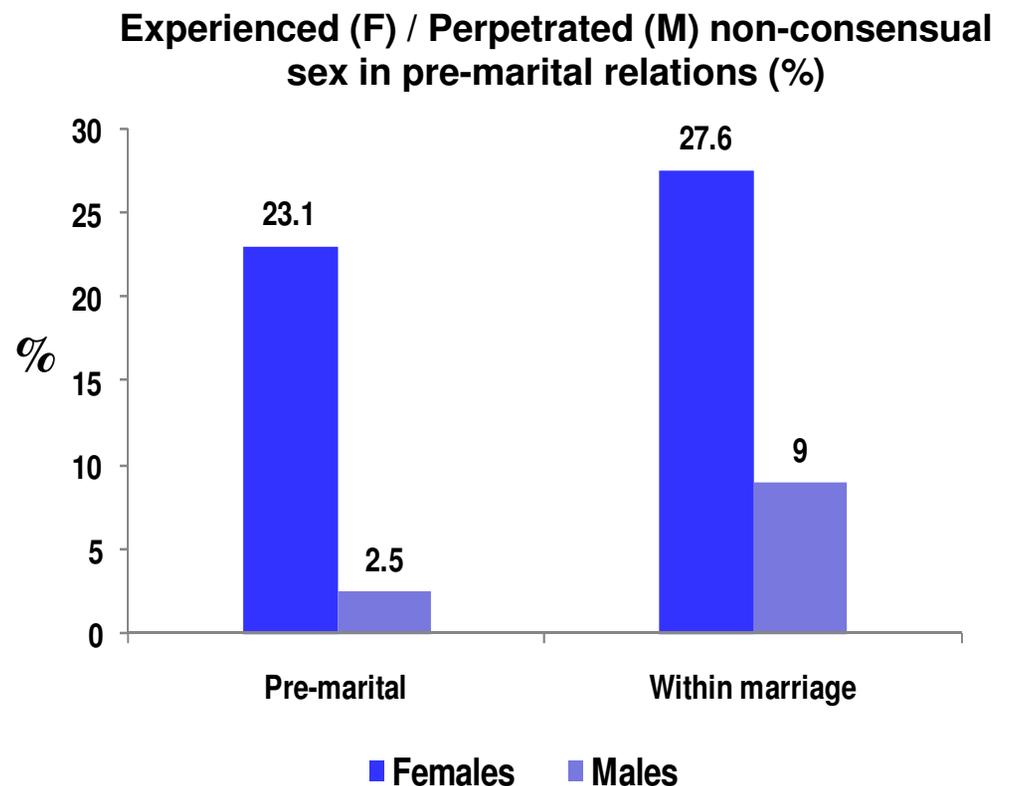
- **Condom use:**

Married young women 15-24: 3-6%¹

Unmarried: 22% of young men and 9% of young women reported consistent condom use²

Sex without consent

- Neither pre-marital sex nor sex within marriage always consensual, although males unlikely to admit perpetrating forced sex on female partners/wives
- Evidence that women who experienced sexual coercion more likely to experience symptoms of genital infection and pregnancy loss than other



Sources: IIPS and Population Council, 2008; Alexander et al., 2006; Santhya et al., 2008; Martin et al., 1999; Acharya and Jejeebhoy, 2007

Early pregnancy and childbearing: Higher rates of pregnancy complications, maternal, neonatal mortality, infant mortality & low-birth weight, Maharashtra 1998-99

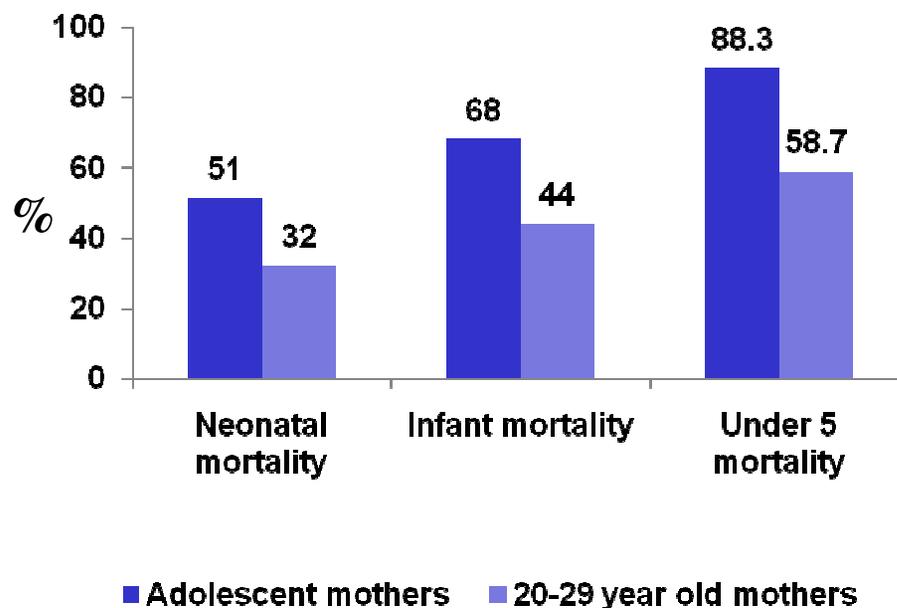
Higher maternal mortality ratios:

Globally, twice that of adult women

India, 645 vs. 342/100,000 in 20-34 year olds

High rates of obstetric complications:

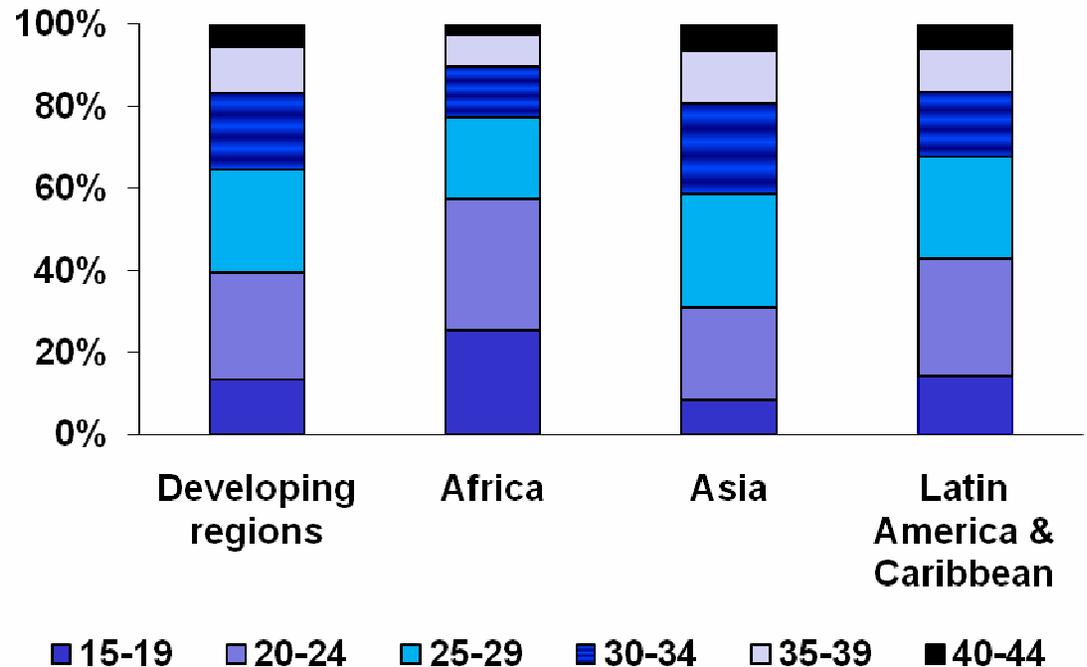
Eclampsia, pregnancy induced hypertension intrauterine growth retardation, premature delivery etc



Higher rates of infant mortality

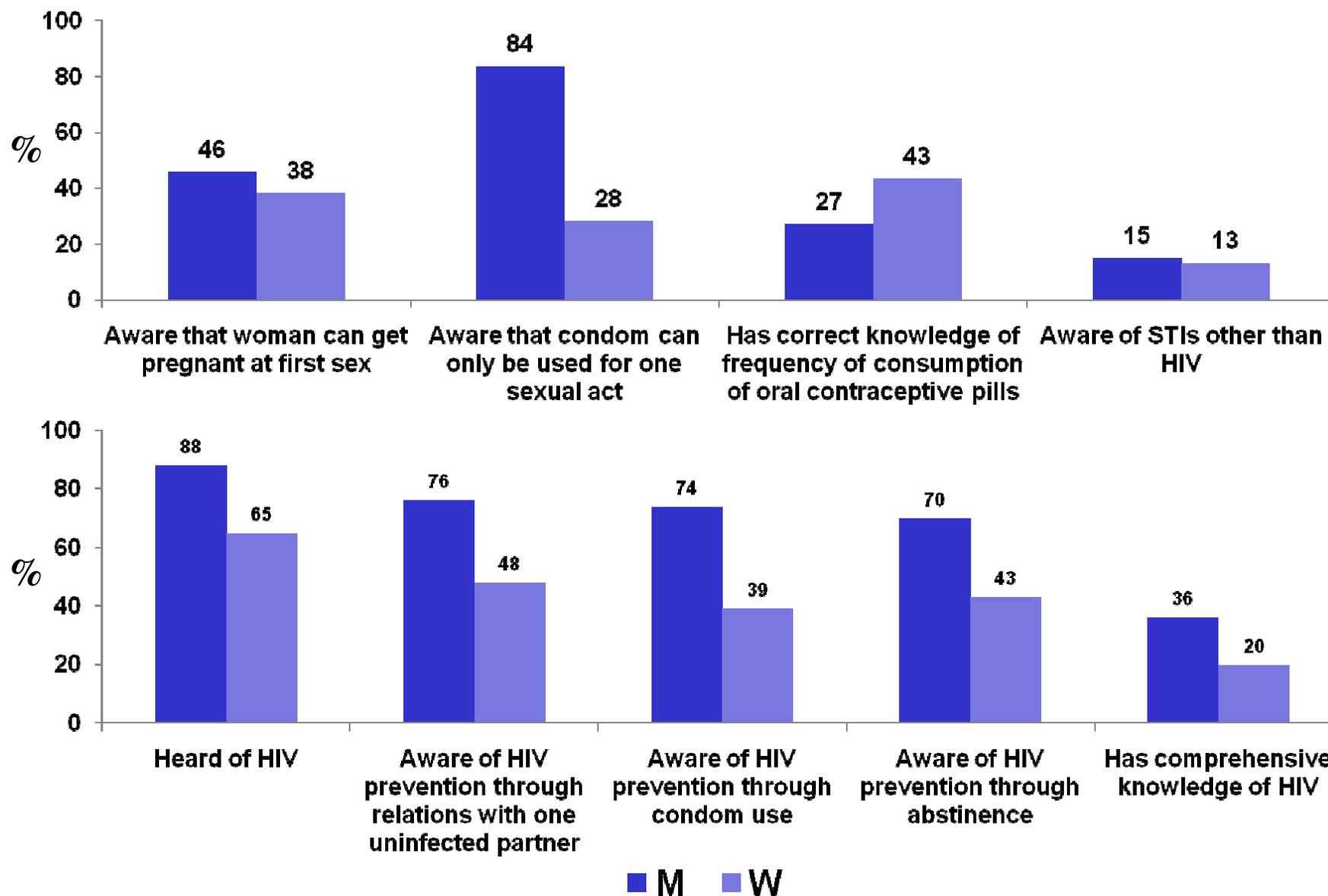
Unsafe abortion concentrated among the young

- **Two-thirds of unsafe abortions occur among women aged between 15 and 30 years**
- **2.5 million, or almost 14%, of all unsafe abortions in developing countries are among adolescents**



3. Few youth have comprehensive awareness of sexual and reproductive matters

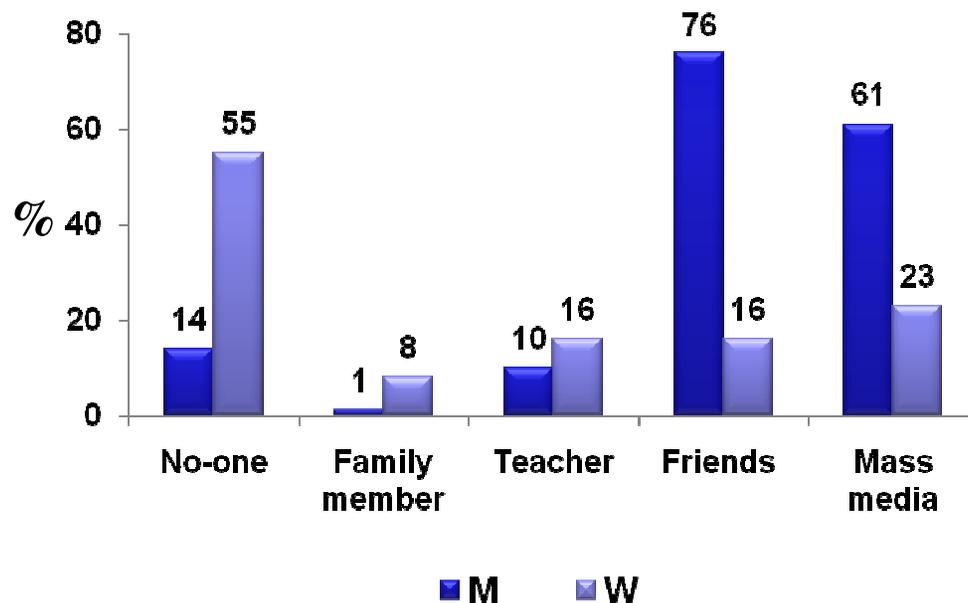
Awareness of sexual matters, contraception and STIs, youth aged 15-24, Maharashtra, 2006



Source: IIPS and Population Council, 2008; IIPS and Macro International, 2007

From whom did young people learn about SRH matters?

- Few youth in India are exposed to formal sexuality education in school and even fewer obtain this information from their parents
- Most common available sources of information are peers or the media
- Neither is necessarily reliable



4. Environments – family, school, community – are not always supportive

Parents and youth report limited discussion on SRH matters

Parental Perceptions

They must discuss but not with their parents... If the teacher gives this education then it is good. If the goldsmith pricks the ears, it will not pain. (Rural mother)

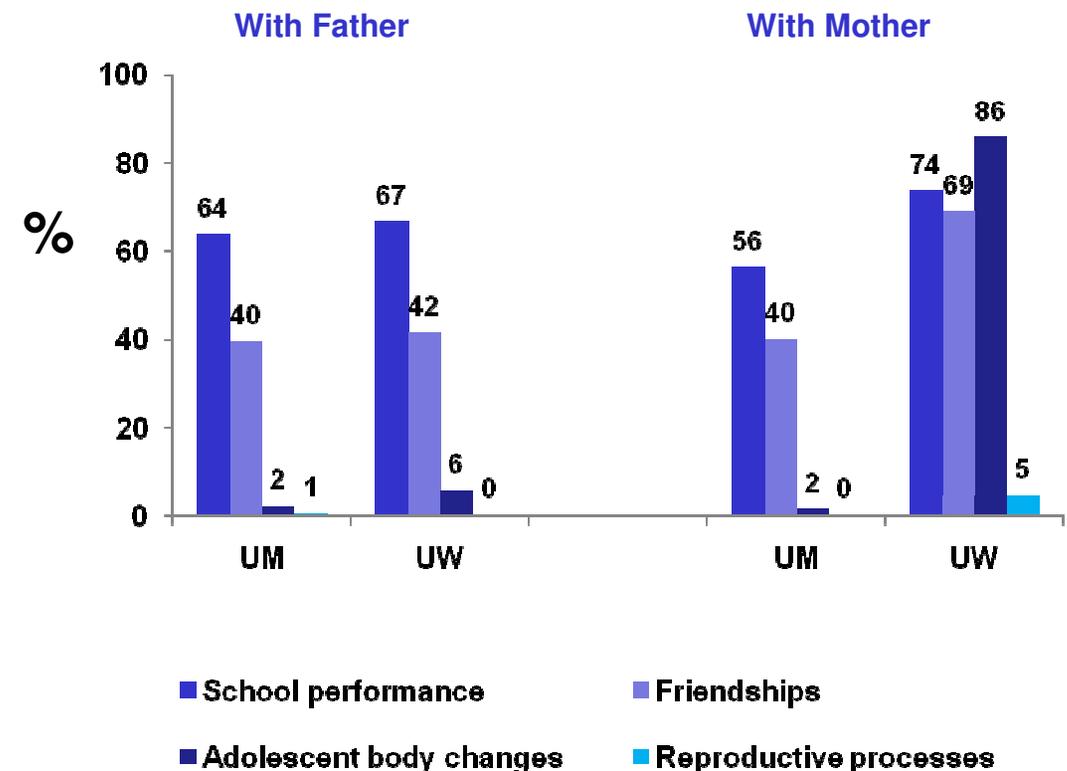
A girl must not be given this information before marriage, and automatically they come to know after marriage. (Urban mother)

They watch movie and read books, so we need not tell them anything. (Rural father)

If he asks me I don't have much knowledge on that to explain him. (Urban father)

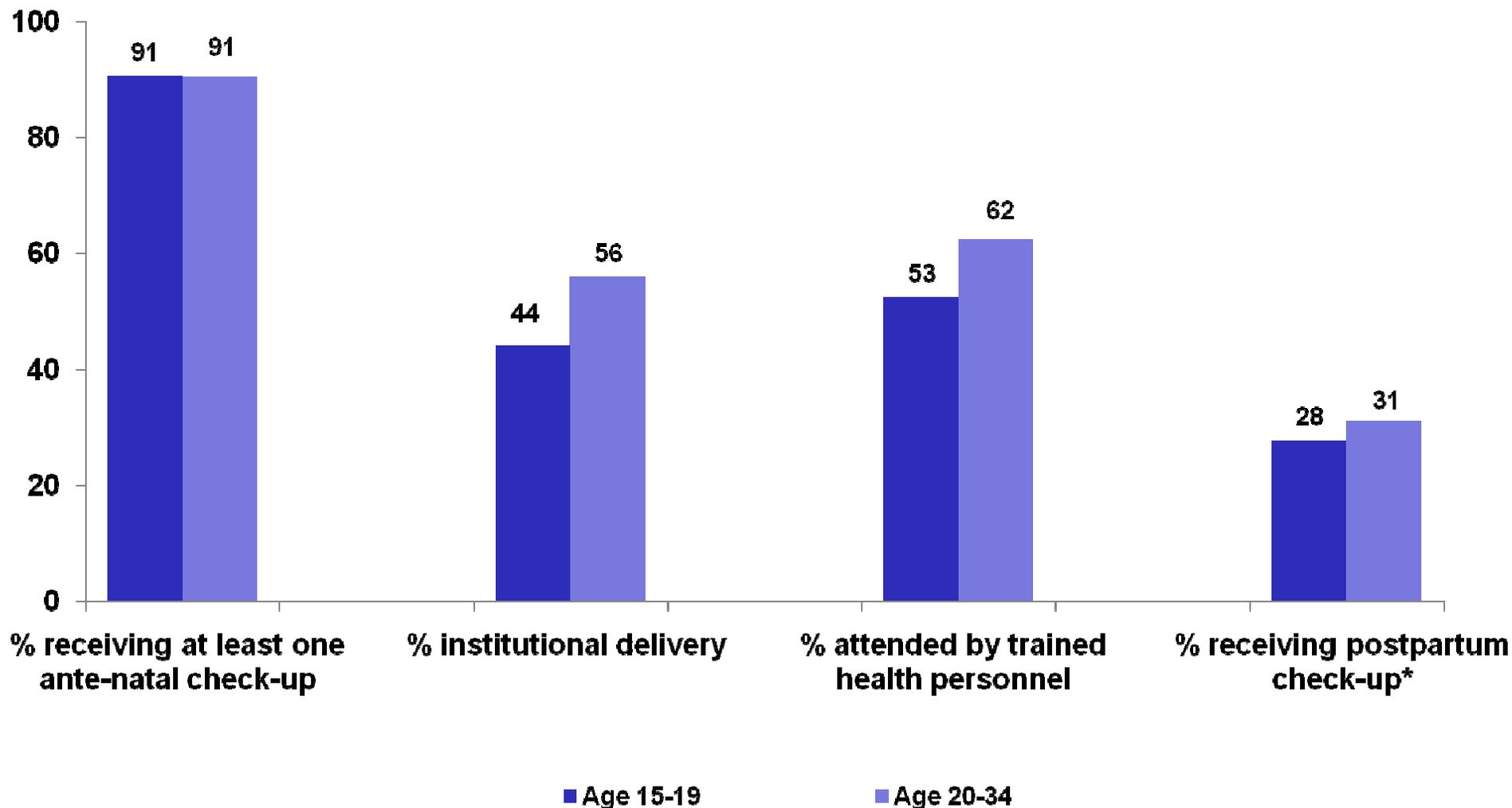
Youth experiences

% who discussed various issues with parents



5. Sexual and reproductive health needs of youth are poorly served

Limited access to health care: Maternal health care practices among adolescent and adult females, Maharashtra 1998-99



* The denominator is non-institutional births during the three years preceding the survey

Source: IIPS and ORC Macro 2002

Absence of youth-friendly approaches

- **Seeking care for symptoms of genital infections limited: 65% of young men and 44% of young women who experienced symptoms of genital infections had sought treatment**
- **Adolescents more likely to delay seeking abortion and to seek abortion from illegal or untrained providers**
- **40% of young men and 57% of young women shy to approach health care provider or pharmacy for contraceptive supplies.**
- **Only 15% percent of 13-19 year olds perceived that providers would treat them respectfully if they visited clinics or pharmacies for family planning services.**
- **Providers report discomfort in discussing sexuality-related topics with young people; acknowledge their need for training and information materials.**

Sources: IIPS and Population Council, 2008; Ganatra and Hirve, 2002; Bhuiya et al., 2002; Santhya et al., 2007

Towards goals and targets

1. Delay marriage and address the needs of married adolescents

- **Reduce % of girls marrying below 18**
- **Number/% of soon-to-be-married and the newly-married exposed to programmes that inform them about SRH matters and promote voluntary counselling and testing of soon-to-be -married couples**
- **Number/% of married girls exposed to programmes intended to reduce their social isolation**

2. Before or within marriage, ensure that sex is safe, wanted

- **Increase %s of sexually active youth reporting consistent condom use**
- **Reduce %s of young people reporting unmet need for contraception**
- **Reduce %s reporting that sex was forced, persuaded or without consent (first sex, any sex)**

3. Inform youth about health promoting sexual and reproductive behaviours

Ensure that young women, men receive sexuality/life skills education

increase in raise awareness about sexual and reproductive matters;

increase in ability to communicate, negotiate health-promoting sexual and reproductive choices.

increase in ability to correctly assess sexual risk and to adopt appropriate protective actions.

increase in expressions of egalitarian gender role attitudes;

Increase ability to discussing sensitive and non-sensitive matters with their parents

4. Supportive Parenting

- **Exposure of mothers and fathers to programmes:**
 - **effective parenting styles, about ways in which close communication positively influence youth outcomes**
 - **Address parents own lack of knowledge of sexual and reproductive health matters and inhibitions about discussing sexual matters with their children**
 - **Encouraging greater openness and interaction between parents and children and enable the adoption of more gender-egalitarian child-rearing practices**
- **Other gatekeepers, mentors: % youth with access to supportive mentor**

5. Adapt programme content and service delivery strategies to be sensitive, attractive and acceptable to youth

SERVICES need to acknowledge the heterogeneity of youth needs:

- **youth accessing sexual and reproductive services**
- **Increase the %s of married young women reached by SRH services**
- **Youth assessments of quality of care received – confidentiality, non-judgmental provider attitudes, appropriate counselling**

PROVIDER level:

- **Number/%s of providers trained to:**

Recognise youth needs and how youth are different from adults

Serve youth needs without embarrassment, judgement

Supplied appropriate materials and trained in their use