



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

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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

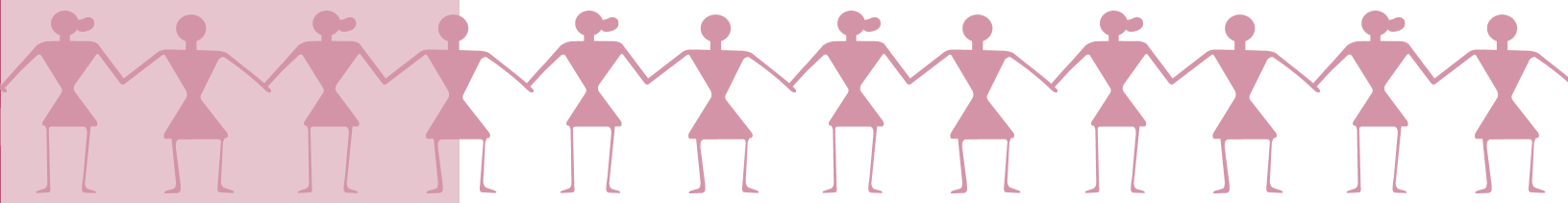


EXECUTIVE SUMMARY RAJASTHAN



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This executive summary presents, in brief, findings on the situation of youth in Rajasthan, 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 be fore, 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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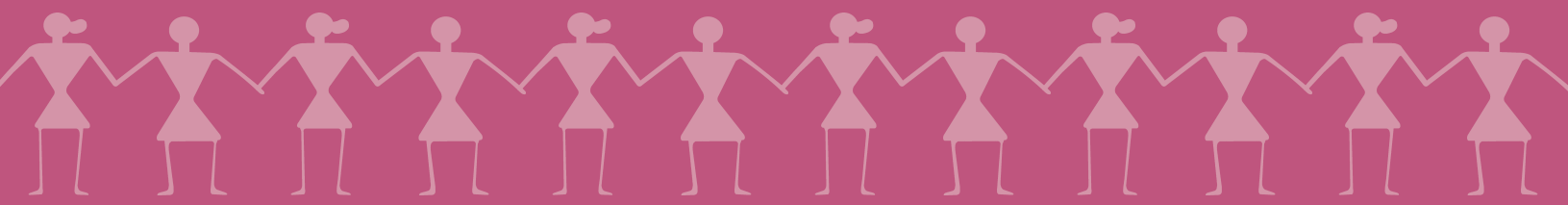
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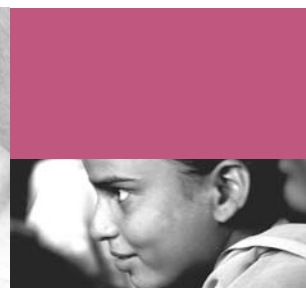
The International Institute for Population Sciences (IIPS) is a deemed university under administrative control of Ministry of Health and Family Welfare, Government of India. The Institute engages in teaching and research in population sciences, and has been actively involved in building the capacity of Population Research Centres, and other state and central government offices that address population issues in the country and in the Asia-Pacific region. It has a proven record in conducting national- and sub-national-level studies in reproductive health, including the National Family Health Surveys and District Level Household and Facility Survey under the Reproductive and Child Health programme.

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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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. The study collected information pertaining to key transitions experienced by youth, including those related to education, work 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 Rajasthan. The survey was undertaken between March and November 2007. During the survey, 10,814 young people were contacted, of which a total of 10,002 married and unmarried young women and men were successfully interviewed.



Characteristics of the household population

A total of 31,064 households were selected for interview. Among these, interviews were successfully completed in 29,774 sample households, and 160,550 individuals, who were usual residents in these households, were enumerated. The age distribution was typical of a high fertility population, with a larger proportion of the population in the younger age groups than older age groups. Nevertheless, there has been a decrease in the proportion of the population aged 0–4 years between 2001 and 2006, indicative of the recent declining trend in fertility in Rajasthan. With regard to the youth population, the distribution suggests that at the time of the survey, 13% of the population was aged 10–14 years, 10% was aged 15–19 years and 8% was aged 20–24 years. A total of 19% of the population was aged 15–24 years, about the same as that observed in the 2001 Census (18%). Overall, the sex ratio of the *de jure* population of the state was 951 females per 1,000 males. The child sex ratio of the surveyed population was 898 females per 1,000 males aged 0–6, slightly lower than that reported in the 2001 Census (909). While the child sex ratio in rural areas was just slightly lower than that observed in the 2001 Census (899 and 914, respectively), the urban child sex ratio observed in the Youth Study was almost exactly that observed in the 2001 Census (891 and 887, respectively).

The educational profile of the household population highlights low levels of educational attainment in the state: over two-fifths (41%) of the population aged 6 years and above had no formal education. Notably, as many as 56% of females compared to 27% of males, and as many as 46% of the rural population compared to 25% of the urban population had never been to school. Reaffirming the low levels of educational attainment in the state, findings also indicate that just 8% of the total population had received 12 or more years of education, including 12% and 5% of males and females.

Housing characteristics of the surveyed population underscore poor living conditions among the majority of the state's population. Overall, 27% of all households lived in *kachcha* houses (constructed from mud, thatch or other low-quality materials), 13% lived in semi-*pucca* houses (constructed using a mix of low-and high-quality materials) and 60% lived in *pucca* houses (constructed entirely from cement, masonry or other high-quality materials). Only 67% of households had electricity, including 95% of urban households and 58% of rural households. Over four in five households (83%) reported that their main source of drinking water was 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 one-third (32%) of all households. Finally, the main source of cooking fuel was coal, charcoal, wood, crop residue or dung cakes, reported by 81% of all households; liquid petroleum gas was used, in contrast, by just 17% of all households.

The distribution of households by wealth quintiles shows a stark rural-urban divide: more than half (53%) of urban households were in the wealthiest (fifth) quintile; in contrast, only about one-tenth (11%) of rural households were in this quintile. Likewise, one-quarter of rural households were in the poorest (first) quintile of the index compared to only 3% of urban households.



Situation of youth

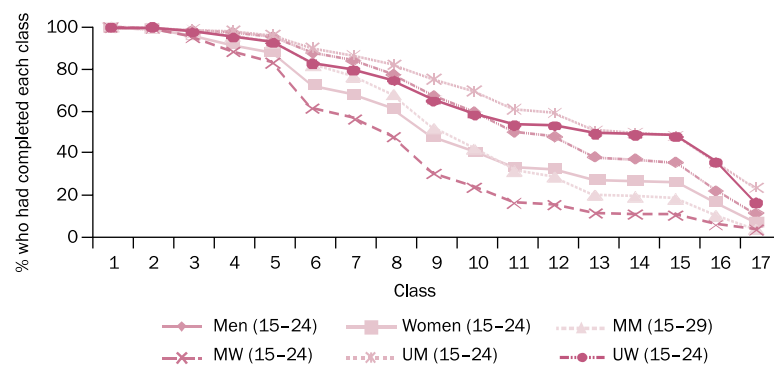
As mentioned earlier, a total of 10,002 youth were interviewed. Age profiles suggest that a larger proportion of young men were concentrated in the 15–19 year age group than in the 20–24 year age group (56% compared to 44%); women, in contrast were about equally divided (49% and 51% respectively in the age groups 15–19 and 20–24). Moreover, the unmarried were younger than the married. The distribution of youth by religion shows that 86–92% of youth were Hindu, 7–11% were Muslim and 2–3% belonged to other religions. Caste-wise distributions were generally similar among young men and women, with about half (49%) falling into other backward castes, 20–22% into scheduled castes, 10–12% into scheduled tribes and 17–21% into general castes. More than four in five young men and women (85–88%) reported that both parents were surviving. For those with just one parent surviving, this parent was more likely to be the mother (9–10%) than the father (2–3%). Finally, 1–2% reported that neither parent was alive.

Education

While youth in Rajasthan were better educated than the general population, schooling was far from universal among young people in the state. As many as one in ten young men and two in five young women had never attended school. Findings show, moreover, that young women in rural areas and married young women were particularly disadvantaged; almost half of rural young women and more than half of married young women had never been to school.

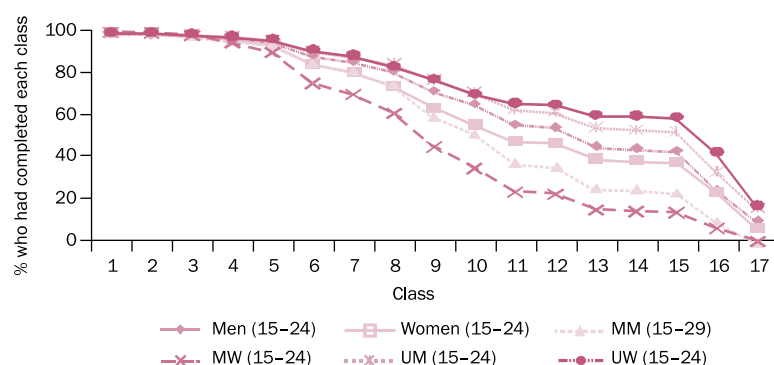
Not only was school enrolment limited, but school completion rates were low among young people, particularly young women. For example, among young women, of those who had completed Class 1, only 92% had completed Class 4, and

Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Rajasthan (combined), 2007



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

Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Rajasthan (urban), 2007

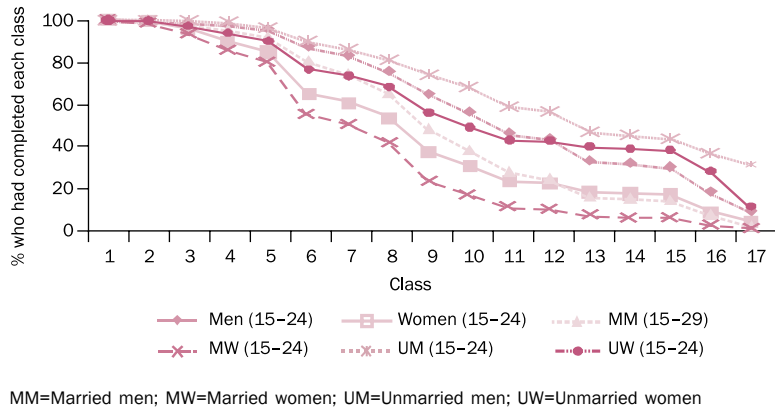


MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women



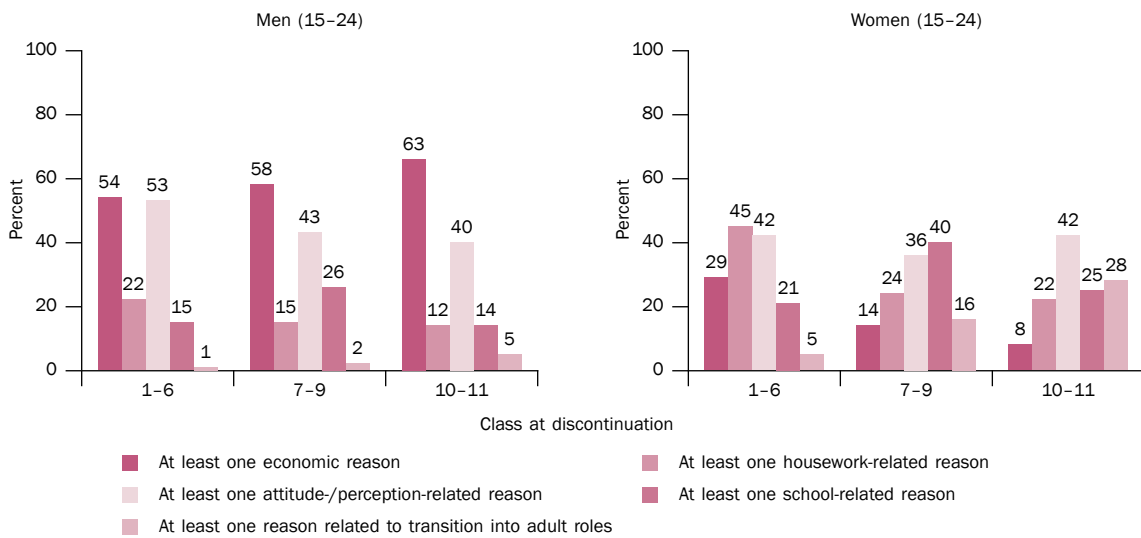
completion rates fell below 90% in Class 5. Among young men, in contrast, 98% had completed Class 4, and completion rates fell below 90% in Class 6. Declines in school completion became progressively steeper as the level of schooling increased. For example, there was a particularly steep decline between Classes 7 and 11 among both young men and women, suggesting that many of them discontinued their education at high school level; however, among young women, a steep decline also took place between Classes 5 and 6, perhaps coinciding with the onset of menarche or reflecting the absence of a nearby school in these classes. Indeed, just 38% of young men and 18% of young women in the state had completed high school. Gender disparities persisted in terms of schooling status of the unmarried at the time of interview: almost three in five unmarried young men compared to just two in five unmarried young women (and very few married) were pursuing their education.

Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Rajasthan (rural), 2007



Leading reasons for never attending school among young men and women were economic (for example, the respondent was required for work on the family farm/business or for outside wage earning work, or the family could not afford school-related expenses) and housework-related (the respondent was required for care of siblings or housework). Attitude and perception-related issues

Percentage of youth who had discontinued schooling by class when discontinued and reasons for discontinuation, Rajasthan, 2007



(for example, education was unnecessary or the respondent was not interested in schooling) were additional important reasons, particularly for young women, for never going to school.

Among those who had ever been to school, gender differences in reasons for school discontinuation became more apparent. Leading reasons for school discontinuation among young men, irrespective of the level at which schooling was discontinued, continued to be economic, and attitude and perception related. For young women, in contrast, leading issues included attitude or perception-related factors at all levels of schooling and housework responsibilities, particularly at early levels. School-related reasons (for example, academic failure, distance to school, poor school quality and infrastructure), and reasons relating to marriage became increasingly important reasons among those who discontinued their education at secondary or higher secondary levels. Of note, particularly, is that one in six and one in four young women who discontinued their education in Classes 7–9 and 10–11, respectively, reported doing so in order to marry.

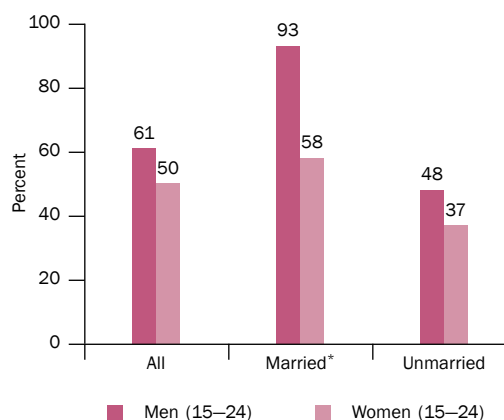
For the most part, youth attended co-educational and government schools and colleges. A gender divide was, however, observed in the type of educational facility they attended. While young men, by and large, attended co-educational facilities at all levels of education, young women were less likely to attend a co-educational facility at higher levels of schooling. Moreover, while fewer young women than men continued their education to high school and beyond, those who did so were more likely to attend private schools, particularly in rural areas.

By and large, differences were observed in the availability of amenities at educational facilities attended by youth who were still in school and those who had discontinued their education at various levels. For example, youth who were still studying were somewhat more likely to report the availability of all four amenities—water, toilets, playgrounds and libraries—than were those who had discontinued their education. Schooling experiences were relatively similar among young men and women but differed somewhat among those who had discontinued schooling and those who were studying at the time of interview. While differences in regular attendance and perceptions about academic load were less consistent, youth who were continuing their education were considerably more likely to report private tuition, and to have passed the last examination for which they had appeared.

Work

Work profiles suggest that about three-fifths of young men and over one-half of young women had at some time engaged in paid or unpaid work. Indeed, almost all married young men and about half of unmarried young men had done so, compared with two-thirds and two-fifths of married and unmarried young women, respectively.

Percentage of youth who engaged in paid or unpaid work in last 12 months, Rajasthan, 2007



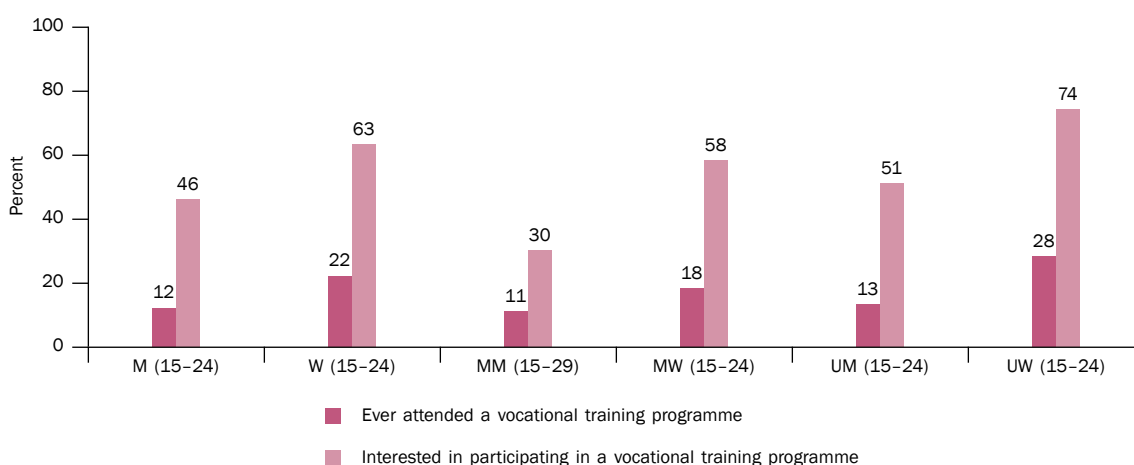
Note: *Married men (15–29).



Likewise, more youth in rural than urban areas had ever worked. Young men were far less likely to have engaged in unpaid work on the family farm or business than in paid work (22% compared to 49%). Young women, in contrast, were more likely to have engaged in unpaid than in paid work (41% and 25%, respectively). Economic activity was often initiated at an early age: over one in five (22%) young men and almost two in five young women (36%) reported initiating work in childhood or early adolescence (by age 15). Data on work participation in the 12 months prior to interview indicate that the majority of young men (48% of unmarried and 93% of married) and a substantial proportion of young women (37% and 58%, respectively) had engaged in paid or unpaid work at some point in the 12 months preceding the survey. The majority of young men (90%) who worked in the year prior to interview had done so for the major part (at least six months) of the year. In contrast, among young women, just three-fifths had done so.

Findings also suggest that unemployment rates were low among youth: 6% among both young men and women. Unemployment was particularly high among the educated, young men and women who had completed Class 12 reported the highest rates of unemployment.

Percentage of youth who ever attended a vocational training programme and percentage who were interested in participating in such programmes, Rajasthan, 2007



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

Youth were clearly interested in acquiring skills that would enable employment generation; almost half of young men and almost two-thirds of young women reported interest in vocational skills training. However, far fewer—just 12% of young men and 22% of young women—had attended at least one vocational training programme.

Media exposure

Findings suggest that large proportions of youth in Rajasthan were exposed to the media, typically television (90% of all young men and 66% of all young women), and, among youth with five or more years of education, newspapers, magazines or books (95% of young men and 77% of young women). Exposure to the internet, among those with five or more years of education,



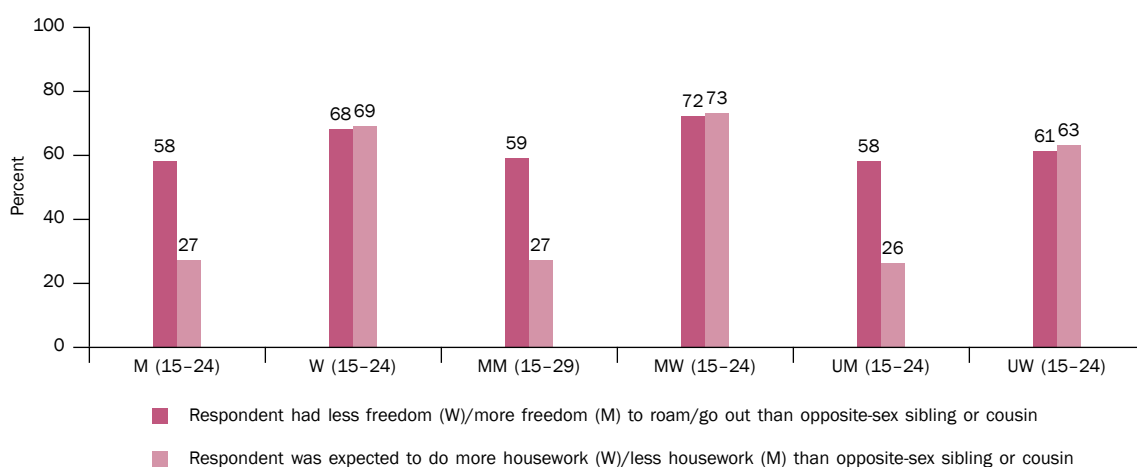
was reported by considerably fewer youth (8% of young men and 6% of young women). Gender differences were apparent, with young men typically more likely to be exposed to each medium than young women.

Findings also suggest that about one in five young men and one in twenty young women watched pornographic films, and just 10% of young men and 3% of young women accessed pornographic books and magazines. About half of those who had been exposed to pornographic materials reported that they accessed these materials sometimes or frequently. Finally, about three-fifths of young men and two-fifths of young women acknowledged the influence that media have on youth behaviours and between one-seventh and one-quarter, respectively, acknowledged its influence on their own behaviour.

Socialisation experiences and communication with parents

Findings suggest, in general, the gendered nature of socialisation of youth. For example, responses of both young men and women indicate that unequal gender norms regarding freedom of movement prevailed in most study households, with about three-fifths of young men acknowledging that they had more freedom to go out than their sisters or female cousins did, and two-thirds of young women agreeing that they had less freedom to go out than their brothers or male cousins. At the same time, more than two-thirds of young women reported that they were expected to do more housework than their brothers or male cousins, a perception not held by young men among whom just 27% perceived that they were expected to do less housework than their sisters or female cousins. Findings also suggest that parents controlled both young men's and women's social interactions, particularly those involving members of the opposite sex: for example, 65–80% of young men and 63–84% of young women reported expecting parental disapproval if they brought an opposite-sex friend home.

Percentage of youth reporting gendered socialisation experiences relative to an opposite-sex sibling/cousin, Rajasthan, 2007



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—reiterate those from other studies, showing that such communication is far from universal. Indeed, sensitive topics—such as romantic relationships, reproduction and contraception, among all youth, and even adolescent body changes issues among young men—were rarely discussed with either parent.

That parent-child communication was restricted was also evident from responses to questions probing the most likely confidante on a range of topics from taking a job to boy-girl relationships. While parents were mentioned as leading confidantes on topics such as taking a job, they were rarely cited as leading confidantes on the more sensitive matter of boy-girl relationships. Moreover, while young women identified their mother as the most likely confidante on such matters as menstrual problems and experience of teasing, young men rarely identified a parent as a leading confidante on matters relating to nocturnal emission or *swapnadosh*.

Young people's family lives were marked by violence, both experienced and witnessed. About one in seven youth had observed their father beating their mother. Many respondents reported experiencing a beating by a parent during adolescence; over one-third of young men and one in eight young women reported such experiences.

Peer networks and interaction

Growing up was associated with close peer networks. Almost all youth reported having some same-sex friends. Young men and women had similar-sized networks of friends. Opposite-sex peer networks were less common but nonetheless reported by one in seven young men and one in ten young women. Interactions with same-sex friends tended to be restricted to activities such as chatting and engaging in sports, although young men did report engaging in activities such as going out on picnics or to films or studying. Indeed, findings suggest that youth derived an important measure of support from their peer networks on personal matters: friends were by far the leading confidante on boy-girl relationships for both young men and women, and on nocturnal emission for young men.

Agency and gender role attitudes

Findings clearly highlight young women's limited agency. For example, just one in four 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 three quarters of young women had the freedom to visit locations within their own village or neighbourhood unescorted. Moreover, just one quarter of young women reported freedom to visit at least one place outside the village or neighbourhood unescorted, and one in five could visit a health facility unescorted. Access to and control over financial resources tended to be limited among young women; just two in five reported some savings and one in 10 owned a bank or post office savings account. Of those who owned an account, just two in five operated it themselves.



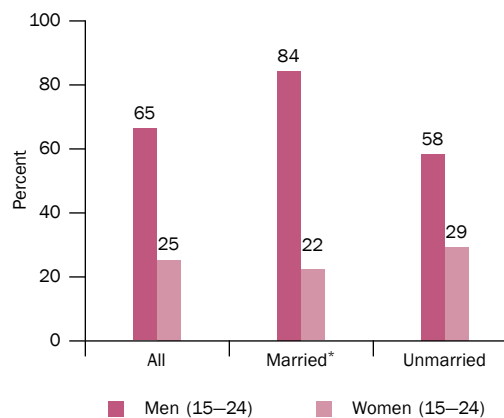
Within the sub-group of young women, findings indicate that the married were considerably more disadvantaged than the unmarried. By and large, compared to the unmarried, married young women were less likely to make decisions independently and have less freedom of movement; at the same time, they were more likely to hold unequal gender role attitudes.

Also notable from the findings is the striking gender divide in all the dimensions of young people's agency explored in the survey. Young women were far more disadvantaged than young men. For example, even the least educated young men and young men belonging to the poorest wealth quintile were more likely than the most educated women and those in the wealthiest quintile to report independent decision-making on all three issues explored in the survey. Likewise, although young women were more likely than young men to have money saved (38% and 23%, respectively), they were less likely than young men to own a bank or post office savings account (9% and 14%, respectively). Moreover, young women were much less likely than their male counterparts to operate these accounts themselves (40% versus 92% of those who had an account).

While young men were not as disadvantaged as young women, findings indicate that many young men were also not able to exercise agency in their everyday lives. For example, only 65% of young men reported independent decision-making on all three issues explored in the survey. Unmarried young men had considerable freedom of movement, yet about 20% were not permitted to visit a place of entertainment, attend a programme conducted outside their village or neighbourhood, or a health facility unescorted.

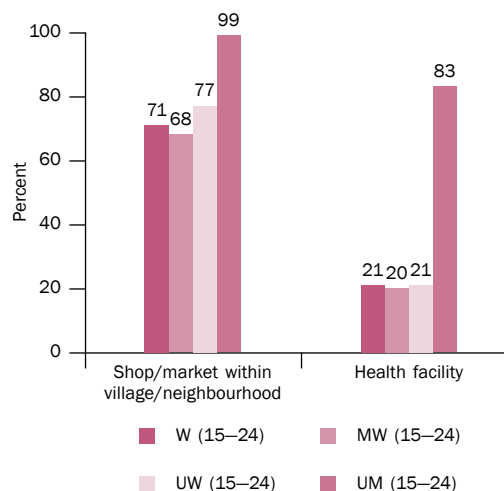
About two in five young men and women justified wife beating in at least one situation, relatively large proportions of youth espoused egalitarian gender role attitudes on other issues explored. Even so, it is notable that young men were consistently more likely than young women to report unequal gender role attitudes on these issues.

Percentage of youth who independently made decisions on choice of friends, spending money and buying clothes for themselves, Rajasthan, 2007



Note: *Married men (15-29).

Percentage of youth allowed to visit selected places unescorted, Rajasthan, 2007

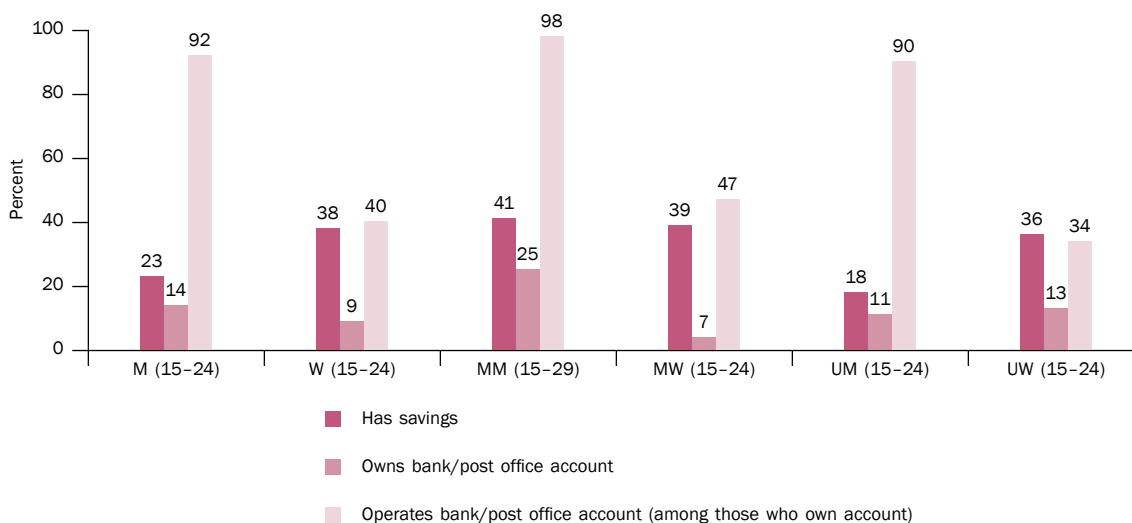


W=Women; MW=Married women; UM=Unmarried men; UW=Unmarried women

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

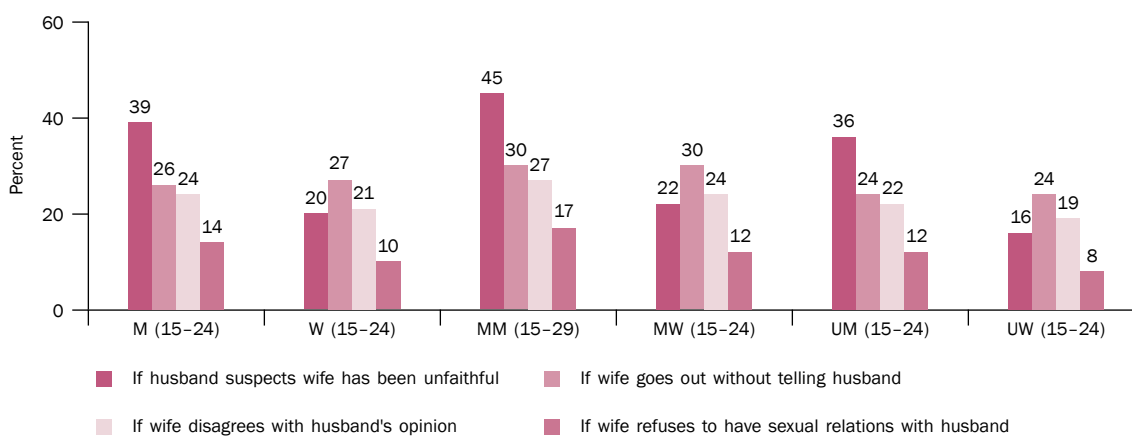


Percentage of youth who reported having any savings, owning an account in a bank or post office and operating the account themselves, Rajasthan, 2007



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

Percentage of youth who believed wife beating is justified in selected situations, Rajasthan, 2007



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

Awareness of sexual and reproductive health matters

Findings underscore young people's limited awareness of most sexual and reproductive matters, ranging from how pregnancy occurs to contraception, HIV and safe sex practices. For example, just one-third of young men and almost half of young women were aware that a woman can get pregnant at first sex, 86% of young men and 57% of young women had heard about HIV/AIDS, and 17% and 27%, respectively, of young men and women reported awareness of STIs other than HIV. While 4-6% of married youth were unaware of any contraceptive method, as many as 13% of all unmarried young women and 18% of those in rural areas were not aware of a

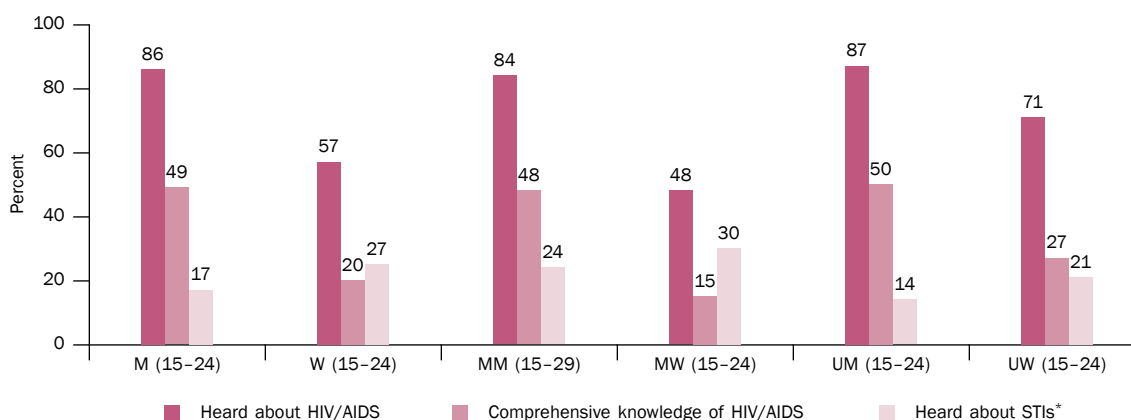


single contraceptive method. Knowledge of legal issues related to marriage was, in comparison, more widespread; however, as many as 14% of young men and 34% of young women did not know that 18 years is the legal minimum age at marriage for females.

Even on topics about which young people were generally aware, findings show that in-depth understanding was limited. For example, while 92–93% of youth reported awareness of at least one contraceptive method, in-depth awareness of condoms and oral contraceptives, the methods most familiar to youth, was reported by 83% and 33% of young men and 39% and 42% of young women, respectively. Likewise, only 49% of young men and 20% of young women had comprehensive awareness of HIV. Findings of considerable gender difference in comprehensive awareness about contraception and HIV/AIDS raises concern about the vulnerability of young women.

Youth had few sources of information on sex and reproduction. Indeed, almost three-fifths of young women and one-third of young men reported that they had never received any information on sexual matters (prior to marriage among the married). Leading sources of information on sexual matters were friends and the media for both young men and women. In contrast, fewer than 5% of young men and women cited teachers and health care providers, respectively, as a source of information, and just 1% and 6%, respectively, cited a family member. Among the leading current sources of information on contraception among young people who were aware of at least one method were similarly, peers and the media, and, among young women, family members. Again, teachers and health care providers were relatively infrequently reported as such. Indeed, health care providers were cited as an important source of information on contraception by only one-tenth (11%) of both young men and women; they were far less likely to have provided information to the unmarried (4–8%) than the married (15–20%). Teachers were cited by even fewer (less than 5%). In short, health care providers, teachers and family members—often assumed to be more

Percentage of youth by awareness of HIV/AIDS, comprehensive knowledge about HIV/AIDS and awareness of STIs, Rajasthan, 2007



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

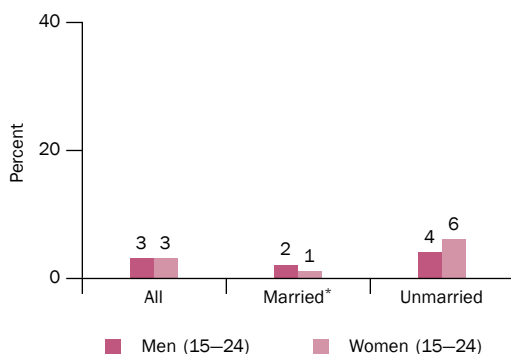
Note: *Other than HIV.



reliable sources of information than peers or the media—were infrequently and inconsistently cited as sources of information on sensitive topics such as sexual matters and contraception by young people.

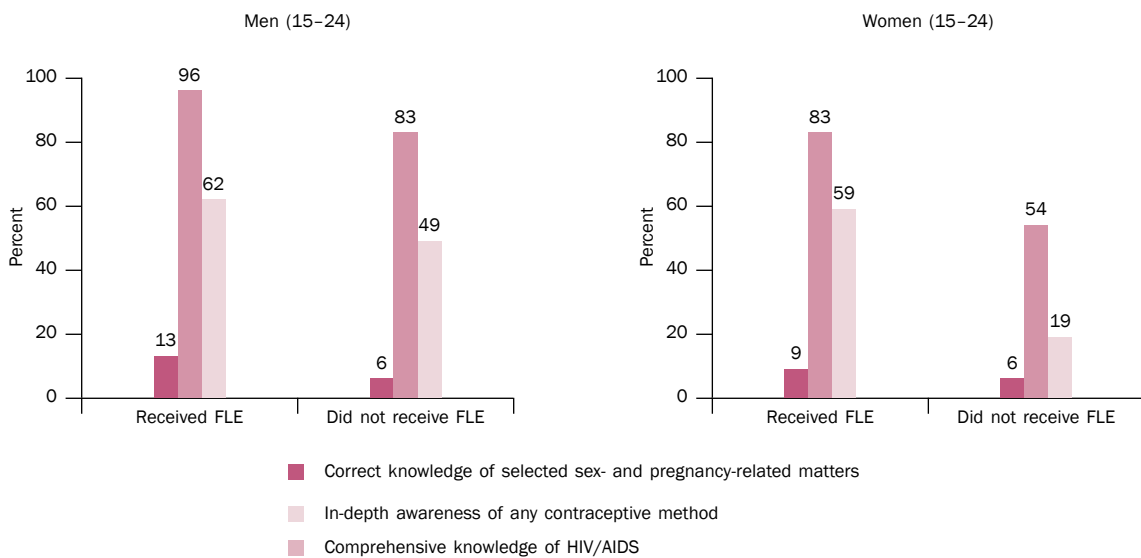
Few youth had attended family life or sex education programmes either in or outside the school setting—just 1–2% of the married and 4–6% of the unmarried. Despite this, youth were overwhelmingly in favour of the provision of family life or sex education to young people; typically, young men preferred to receive this education from a teacher, while young women preferred to obtain it from a family member. Findings suggest, moreover, that youth who had undergone family life or sex education were indeed more knowledgeable about sexual and reproductive matters than those not exposed to this education.

Percentage of youth who received family life or sex education, Rajasthan, 2007



Note: *Married men (15–29).

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, Rajasthan, 2007



Note: FLE: Family life or sex education.

Pre-marital romantic relations

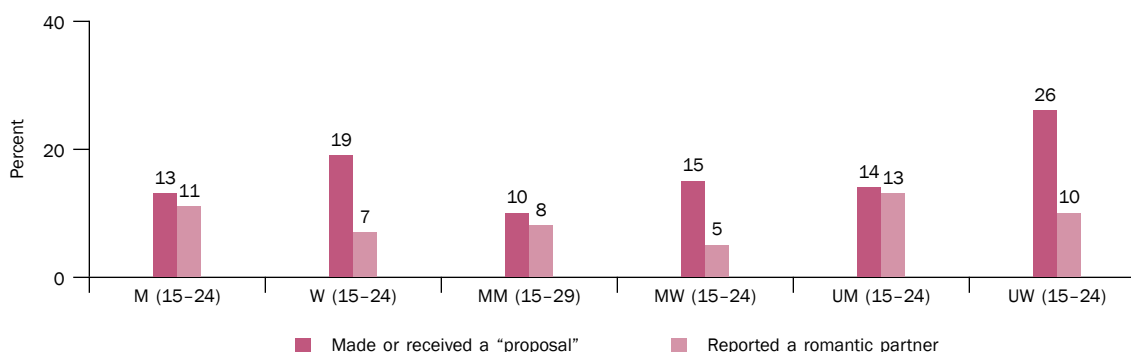
Findings confirm that despite strict norms prohibiting pre-marital opposite-sex mixing, opportunities do exist for the formation of pre-marital romantic relations. Indeed, significant minorities of young men and women had received or made a “proposal” for a romantic relationship (13–19%), and noteworthy, if smaller, percentages reported that they had been involved in a



romantic partnership (11% and 7% of young men and women, respectively). Typically, the first romantic partner was a student or colleague, or a neighbour or friend (reported by 38–49% of young men and 20–46% of young women) who reported a pre-marital partner. Patterns of pre-marital romantic relationships suggest that where partnerships occurred, they were initiated at an early age and were usually hidden from parents but not from peers. Relatively few youth who engaged in a pre-marital romantic partnership had expectations of a longer-term commitment; however, young women were considerably more likely than young men to have expected a romantic relationship to lead to marriage (58% and 28%, respectively). The experiences of the married suggest, moreover, a disconnect between intentions and reality: among married youth, while 29% and 65% of married young men and women, respectively, who reported a pre-marital romantic partner, had intended to marry their pre-marital partner, just 4% and 8%, respectively, had done so.

There was a clear progression in reported physical intimacy and sexual experience with romantic partners: while 89% of young men had held hands with a romantic partner, just 45% had engaged in sexual relations with their partner; among young women, while three-quarters had held hands with a romantic partner, just one in five (19%) had engaged in sexual relations with their partner. Gender differences in reporting pre-marital sex with a romantic partner were indeed wide. Partner communication and negotiation regarding safe sex were rare, and the vast majority of youth had engaged in unprotected sex. Almost one in eight young women who had engaged in sexual relations with a romantic partner reported that their opposite-sex romantic partner had forced them to engage in sex the first time.

Percentage of youth who had made or received a “proposal” for romantic partnership formation and percentage who had an opposite-sex romantic partner, Rajasthan, 2007



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

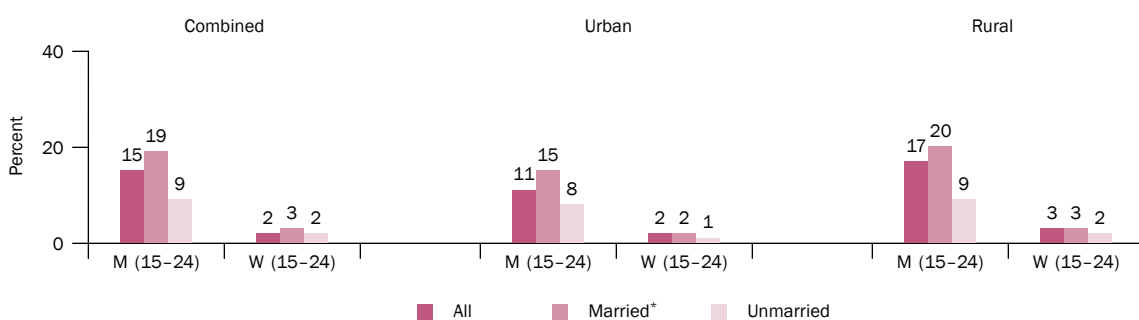
Pre-marital sexual experiences in romantic and other relationships

In total, 15% of young men and 2% of young women reported the experience of pre-marital sex within romantic and/or other partnerships. Roughly similar proportions of young men and women—3% and 2%, respectively—had initiated first sex before age 18; however, youth in rural areas had initiated pre-marital sexual relations earlier than their urban counterparts. Moreover, initiation into pre-marital sexual activity increased as young people transitioned from early into late adolescence, and further as they transitioned into young adulthood.



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; other partners reported by young men included, mainly, married women, but also sex workers, and casual partners. Many of the pre-marital sexual experiences reported by youth were risky, for example, 14% of young men and 28% of young women reporting pre-marital sex had engaged in sex with more than one partner. Moreover, consistent condom use was limited—only 6% of young men and 4% of young women reported condom use in all pre-marital encounters.

Percentage of youth reporting pre-marital sex, according to residence, Rajasthan, 2007



M=Men; W=Women

Note: *Married men (15-29).

We acknowledge that youth, especially young women, may not report sexual experience in a survey situation. Hence, the Youth Study supplemented a series of direct questions with an opportunity to report sexual experience in an anonymous format. In total, among young men, direct questioning supplemented by self-reporting in an anonymous format provided considerably higher estimates of sexual experience than did face-to-face questioning alone or anonymous third-party reporting of peer behaviours. Among young women, however, both methods yielded somewhat similar estimates of pre-marital sexual experiences.

Transition to marriage and early married life

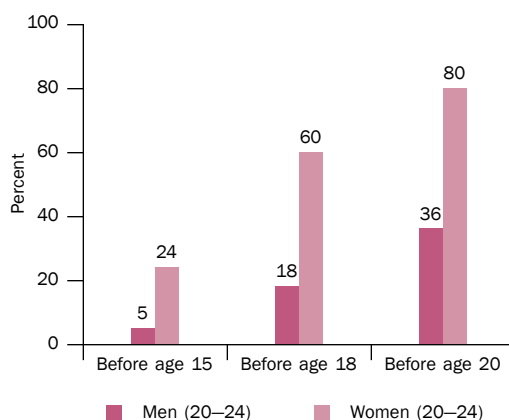
Findings indicate that although most young men preferred to marry after adolescence (96% preferred to marry at age 20 or older), significant minorities of young women expressed a preference to marry early, even before age 18, indicating an adherence to norms favouring child marriage among young women in this setting. Reiterating the fact that early marriage continues to characterise the lives of many young women, findings show that among young women aged 20–24 years as many as one in four was married before age 15, three in five before age 18 and four in five before age 20. Even though early marriage was less prevalent among young men, one in 5 young men aged 20–24 years was married before age 18 and one in three before age 20.

Not only did marriage occur at young ages but it was also often arranged without the participation of young people themselves, particularly young women. Almost all youth reported arranged marriages. As many as one in five young men and half of young women reported that



their parents did not seek their approval while determining their marriage partner. Hence, not surprisingly, reported pre-marital acquaintance was limited. Just one in ten youth reported that they had ever had a chance to meet and interact with their spouse-to-be alone prior to marriage. In fact, well over four in five married youth reported that they 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 two-thirds of young women and three-quarters of young men. Indeed, almost two out of every five young women in both rural and urban settings (and 4% of young men) reported that they had been scared about getting married.

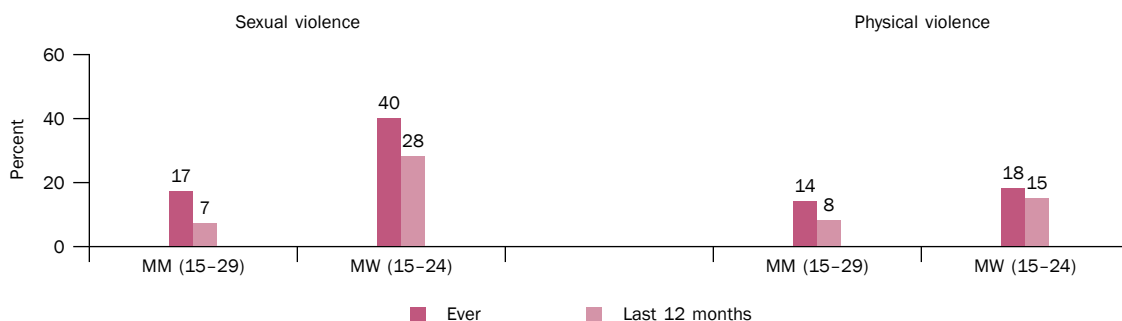
Percentage of youth aged 20–24 who were married before selected ages, Rajasthan, 2007



Despite the existence of laws against the payment of dowry, this practice characterised the marriages of about four-fifths of young men (78%) and women (85%). Findings also show that families of urban youth were somewhat more likely than their rural counterparts to conform to traditional practices, such as the payment of dowry.

Reports of marital life suggest that spousal communication was far from universal and that marital life was marked by considerable violence. For example, couple communication on contraceptive use was reported by just three in five young women and two in five young men, clearly undermining married young people’s ability to adopt protective actions. Physical violence and forced sex within marriage were reported by considerable proportions of youth; of note is the finding that considerably more young women reported the experience of sexual compared to physical violence. For example, about one-fifth of young women reported that they had ever faced violence perpetrated by their husband (18%) and a somewhat smaller percentage

Percentage of married young women reporting experience of sexual and physical violence perpetrated by their husband and percentage of married young men reporting perpetration of sexual and physical violence against their wife, Rajasthan, 2007



MM=Married men; MW=Married women



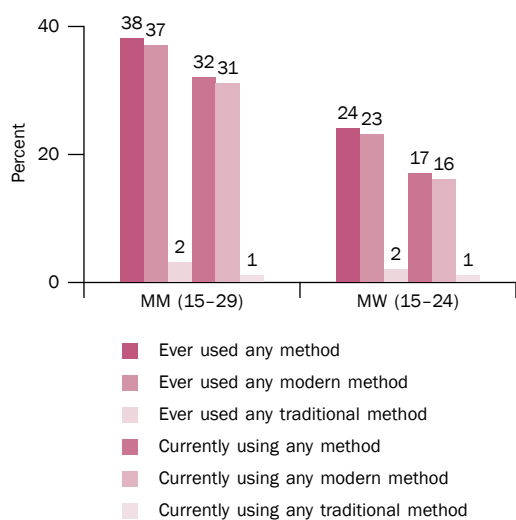
of young men (14%) reported perpetrating violence on their wife. Recent violence was reported by fewer: about one in ten young men and one in seven young women. Sexual violence, in contrast, was reported by many more youth. Indeed, one-third of young women reported that their first sexual experience within marriage had been forced. Overall, two in five young women reported ever being forced by their husband to have sex; in contrast, about one in six young men reported forcing their wife to engage in sex. Recent sexual violence was reported by more than one-quarter of young women and almost one in 10 young men.

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

Contraceptive practice and pregnancy experience

Contraceptive use at any time within marriage was limited, reported by 38% of young men and 24% of young women. Moreover, 32% of young men and 17% of young women reported current use of contraception. Reporting of methods currently used was fairly similar among young women and men. Contraceptive methods most likely to be used were oral contraceptives and condoms and, notwithstanding their young age, female sterilisation. Few young people practised contraception to delay the first birth —just 20% of young men and 8% of young women. Not surprisingly, pregnancy typically occurred within a year of marriage for half of young women and two-thirds of young men who reported that they or their wife had been pregnant at least once. Moreover,

Percentage of married youth reporting lifetime and current use of contraceptive methods within marriage, Rajasthan, 2007



MM=Married men; MW=Married women

large proportions of youth—particularly young women—reported experiencing unintended pregnancy. For example, among young women who were not pregnant at the time of interview and young men whose wife was not pregnant at the time of interview, 24% and 8%, respectively, reported that the last pregnancy was mistimed or unwanted.

Circumstances of the first birth suggest that institutional delivery and skilled attendance at delivery were limited: only about two in five first births were delivered institutionally and just over three-fifths reported delivery by a skilled attendant.

Findings also show that son preference was evident. Almost one quarter of young men and one-third of young women preferred to have more sons than daughters. In contrast, just 1–3% preferred to have more daughters than sons.



Substance use

Findings show that substantial proportions of young men reported the consumption of tobacco and alcohol; more than one-quarter of young men reported tobacco consumption and almost one in ten reported alcohol consumption. As expected, few young women reported that they had consumed any of these substances. Finally, hardly any young men and not a single woman reported drug use.

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 preceding the interview. For example, 17% of young men and 29% of young women had experienced high fever, and 3% of young men and 16% of young women reported the experience of symptoms of genital infection. Just about one in twenty young women reported experiencing menstrual problems; at the same time, one-fifth of young men reported anxiety about nocturnal emission. Finally, responses indicative of mental health disorders were reported by almost twice as many women as men: 11% of young men and 21% of young women.

With regard to care seeking for general and sexual and reproductive health problems, young women were typically less likely than young men to seek care for these problems. Moreover, patterns varied by type of problem. While the large majority of those who had experienced high fever, for example, had sought care, many fewer had sought care for sexual and reproductive health problems. Of those who had sought treatment, large proportions of young men had sought advice or treatment from a government facility or provider, irrespective of the type of problem. Young women, on the other hand, were about as likely to opt for a public sector as a private sector provider. However, it is notable that almost one in ten young women who had sought care for symptoms of genital infection or menstrual problems had used home remedies or the services of traditional or untrained providers. In the case of anxiety about nocturnal emission, moreover, young men had rarely sought advice from a health care provider, preferring to do so from peers.

Findings suggest that youth were shy about seeking sexual and reproductive health services. For example, many youth, including the married, reported that they would indeed hesitate to approach a health care provider or a pharmacy/medical shop for contraceptive supplies.

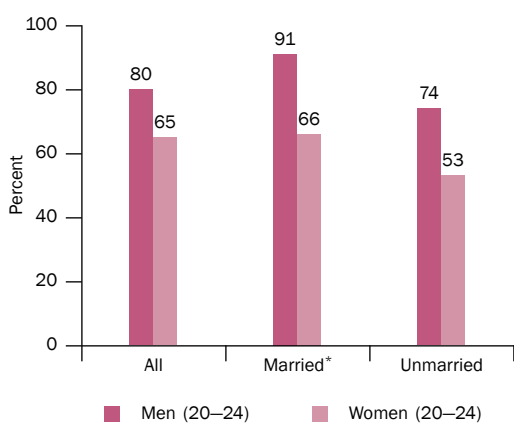
Finally, small minorities (2–3%) reported that they had undergone an HIV test. Youth were, however, overwhelmingly in favour of pre-marital HIV testing.

Participation in civil society and political life

Findings highlight the limited participation of youth in civil society. Although a number of programmes are organised by the government or NGOs at the community level in which youth can participate, few youth (7–12%) reported familiarity with these programmes. Even fewer youth—4% of young men and 3% of young women—reported participating in such programmes. Considerably



Percentage of youth aged 20 or above who voted in the last election, Rajasthan, 2007



Note: *Married men (20-29).

more young men (23%) and young women (13%) reported that they had participated in community-led activities, notably the celebration of festivals and national days. Finally, just 2% of young men and 3% of young women reported membership in organised groups.

Findings suggest that large proportions of youth did indeed vote, however voting behaviour was far from universal. Among those eligible, 80% of young men and 65% of young women had cast their vote in the most recent election for which they were eligible to vote. Also of note is the finding that while most youth perceived that one could vote freely and without fear and pressure, one in ten young men and women felt that one

could not do so. Moreover, 62% of young men and 52% of young women reported disillusionment with the commitment of political parties to work for change at the community level.

Expressions of secular attitudes varied. Over 90% of young men and over 80% of young women reported that they would mix freely with individuals of different religions and castes. However, only 71% of young men and 55% of young women reported they would eat together with a person of a different caste or religion, 47% of young men and 35% of young women reported they would talk to a person who has had an inter-caste marriage and only 18% of young men and 30% of young women agreed that it was best to tolerate rather than punish someone who insulted their religion.

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 8% of young men and 2% of young women reported that they had been involved in a physical fight in the year preceding the interview.

The four leading problems facing youth expressed by both young men and women were unemployment, poverty, lack of amenities and lack of educational opportunities. However, young people's perceptions of these problems 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, lack of amenities or infrastructure and lack of educational opportunities. In contrast, the leading problem expressed by young women was lack of amenities and infrastructure, and to a lesser extent, difficulty in finding employment, poverty more generally, and lack of opportunities for education.

Recommendations for programmes

Findings presented in the sections above underscore the fact that youth face numerous challenges while making the transition to adulthood. These challenges call for programme



interventions at the youth, family and service delivery levels. Key programme recommendations emerging from this study are highlighted below.

Strengthen efforts to achieve universal school enrolment and increase levels of school completion

Youth Study findings highlight that school enrolment was far from universal among young people in the state: indeed, one in ten young men and two in five young women had never been enrolled in school. School completion rates were also low, particularly among young women; just 38% of young men and 18% of young women had completed high school (Class 10). India's Youth Policy has articulated the need for universal school enrolment and the recently enacted Right to Education Bill has made education compulsory for all children. What is required now, particularly if the state is to achieve the Millennium Development Goal of ensuring universal primary school completion, are parallel programme actions to implement these commitments. While the achievement of universal school enrolment and primary school completion are key goals, the importance of high school education in enabling youth to make a successful transition to adulthood underscores the need, at the same time, for efforts to overcome barriers to high school completion. The stark gender divide and rural-urban divide observed in school enrolment and completion call, moreover, for efforts that target female children and children in rural areas.

A number of factors have been identified in the Youth Study that inhibit school enrolment and completion; leading among these were economic reasons; attitudes and perceptions of both parents and young people; and, among young women, housework responsibilities. Multiple activities are needed to address these barriers. Efforts must be made, for example, to address the economic pressures that dissuade parents from enrolling their children in school and from keeping them in school once enrolled. Conditional grants and targeted subsidies that encourage school enrolment and completion among disadvantaged groups need to be considered. At the same time, activities directed at parents are needed that promote positive attitudes among them towards education and school completion, raise their aspirations for the education of their children and encourage greater parental involvement in their children's education.

School-related factors were also significant barriers to school continuation, particularly among young women. Activities must therefore address these barriers, notably, distance to school, poor infrastructure and quality of education, and academic failure. The state government has launched various schemes to address these barriers; however, it is important that the effectiveness of these schemes is evaluated and promising lessons are assimilated and scaled up.

There is also a need to incorporate livelihood skills building models within the school setting and provide opportunities for those in school to gain market-driven job skills that will raise 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. Finally, given the large proportions of youth reporting that schooling had been interrupted because they were required for work on the family farm or business or for housework, efforts are needed to adjust school timings, or to establish evening schools, to enable children to accommodate their work commitments without sacrificing their education.



Findings indicating transition to adult roles, particularly early marriage, as an important reason for school discontinuation among girls—notably among those who discontinued their education in Classes 7–9 as well as Classes 10–11—emphasise the fact that programme commitments outside the education sector are also critical to the achievement of universal school enrolment and completion. Specifically required are programmes that seek to critically examine norms and practices surrounding marriage and to eliminate the practice of early marriage. Explorations of subsidies and cash transfers that link school retention and delayed marriage among girls are needed. Moreover, findings suggest that married young women remain considerably disadvantaged in terms of school completion. Interventions are needed that give married young women a second chance to obtain a basic education.

Invest in promoting youth employment

Findings of the Youth Study that considerable proportions of youth had initiated work in childhood reiterate the recommendation highlighted above regarding the need to provide conditional grants and targeted subsidies to disadvantaged groups, which would encourage parents to opt for schooling over work for their children.

Youth are, however, poorly equipped for employment for which there is a market demand. Indeed, few youth had completed high school, even fewer had attended a vocational training programme and those who were engaged in economic activity were working largely in agricultural and unskilled non-agricultural activities.

The state must significantly strengthen investments in programmes that enable youth to make successful transitions to work roles. Enhancing employability would depend to a considerable extent on the improvements in educational attainment discussed above; it would also require greater investment in enabling youth to acquire vocational skills. Formal mechanisms must be developed that provide opportunities to youth to acquire skills for which there is an established demand, and that link eligible youth to market opportunities. These efforts need to promote self-employment and entrepreneurship through various livelihood schemes, for example, providing soft loans to youth to enable them to set up their own business enterprises. Also required are efforts to ensure that existing programmes aimed at job creation do indeed reach young people.

Promote youth agency and gender equitable norms among youth

Findings presented in this report highlight the limited agency of young women and the persistence of gender double standards among youth. Stark gender differences were evident; young women were particularly disadvantaged in terms of school enrolment and completion, and wage earning activities. While more young women than men had participated in vocational training programmes, most young women had undergone training in traditional skills, such as tailoring and handicrafts. Socialisation was gendered and young men were less likely to contribute to housework than were young women and reported, compared to young women, far more mobility, decision-making authority in matters relating to their own lives and access to resources. And although young women were more likely to express equitable gender role attitudes than young men, about two in five young men and women alike expressed traditional attitudes concerning wife-beating. These findings



call for multi-pronged interventions to promote gender equitable norms and practices that are directed at young women, young men, their families, communities, and the education, labour and health systems.

A priority is to promote life skills education programmes for young women, both unmarried and married, that will not only raise their awareness of new ideas and the world around them but also enable them to put information into practice, encourage them to question gender stereotypes, develop self-esteem and strengthen their skills in problem-solving, decision-making, communication and inter-personal relations and negotiation. Safe spaces should be identified in which young women can build social networks and find support among peers.

Interventions intended to build life skills must also be inclusive of young men. Indeed, findings that more young men than women expressed inegalitarian gender role attitudes, on the one hand, and that considerable numbers of young men were not able to exercise agency in their everyday lives, on the other, call for life skills programmes for them that promote new concepts of masculinity and femininity and at the same time, promote messages that build egalitarian relations between women and men.

Promoting gender equitable norms and practices requires an active engagement with the community. It is essential that programmes for youth work with key community members, such as, for example, parents, political and religious leaders, to critically examine prevailing gender norms and forces that perpetuate/condone gender unequal practices.

An increasing number of intervention models to build agency and promote egalitarian gender role attitudes among young people have been tested in India. Moreover, a number of NGOs, including Rajasthan-based and national NGOs, have implemented programmes to build livelihood skills among youth in the state. These models should be reviewed and replicated or scaled up as appropriate.

Provide opportunities for formal saving, especially for young women

Findings suggest that while considerable proportions of youth reported savings, relatively few owned a savings account. Young women were more likely than young men to report savings, somewhat less likely to own a savings account, and, among those who did own an account, far less likely than young men to operate the account independently. Programmes are needed that inculcate a savings orientation among both young men and young women, that offer savings products that are attractive and appropriate to the small and erratic savings patterns of young people and that enable young women in particular to overcome obstacles related to owning and controlling savings products.

Promote youth participation in civil society and political processes and reinforce secular attitudes

Findings suggest that for many youth, opportunities to engage in civic and political processes were limited and secular attitudes were not uniformly expressed. Programmes are needed—at



the school, college and community levels, through national service programmes, sports and other non-formal mechanisms—that encourage civic participation, incorporate value building components and reinforce secular attitudes and values that espouse responsible citizenship.

Provide family life or sex education for those in school and out of school

Youth Study findings provide considerable evidence suggesting that family life or sex education is urgently needed for youth, both those in school and those who have discontinued their education. For example, findings demonstrate the limited understanding of sexual and reproductive matters among young people, including the married. Misconceptions abound on most topics: sex and pregnancy, contraceptive methods including condoms, STIs and HIV/AIDS and the conditions under which abortion is legally available or restricted. Indeed, knowledge of STIs is far more limited than knowledge of HIV. In fact, even among youth who were aware of sexual and reproductive health matters, knowledge—for example, of contraception or HIV transmission—was typically superficial.

Notably, youth themselves have called for family life or sex education. Findings highlight that large proportions of youth recognised the need for information and education on these issues; while young men indicated a preference for receiving this education from teachers, health care providers or other experts, young women preferred a family member and, to a lesser extent, teachers. However, few young people had been exposed to family life or sex education; indeed, even those in school had not been exposed to such education, notwithstanding the *Jeevan Kaushal Shiksha* aimed at students in Classes 3–11. Indeed, substantial proportions of married young men and women reported entering marriage unaware of what marriage entailed. At the same time, substantial minorities of young men and few young women had engaged in sexual risk taking.

A number of state government programmes are ongoing that aim to impart sexual and reproductive health information to young people. What is needed is a strong commitment to ensuring that these programmes do indeed reach young people, both in school and out-of-school, both married and unmarried and both rural and urban. These programmes should be age-appropriate and provide information on sexual and reproductive matters including sexual and reproductive rights, pregnancy and the causes, transmission routes and prevention of infection. However, programmes should be designed not only to raise awareness among youth but also to enable young people to correctly understand and assess the risks they face and to adopt appropriate protective actions.

In addition, special attention needs to be paid to the training of trainers. Indeed, findings indicate that about one in three young women and two in five young men who had received formal family life or sex education reported feeling uncomfortable or embarrassed in the course of receiving this information, raising questions about the extent to which youth were indeed able to participate freely in discussions and clarify their doubts and at the same time, raising questions about the ability of trainers to connect with youth to whom they provided this education. Such findings clearly highlight the need to improve the quality of training imparted to trainers. It is important that teachers, health care providers and other experts undergo training that enables them to



overcome their reluctance to communicate with youth on sensitive sexual and reproductive matters, that dispels their misconceptions on these matters, and that enhances their technical knowledge of these issues.

In view of the finding that the media are a major but not necessarily reliable source of information on sexual and reproductive matters for youth, efforts must be made to ensure that media content is accurate and comprehensive.

Ensure that the transition to sexual life is safe and wanted

While for the vast majority of young women sexual activity is initiated within the context of marriage, findings show that a sizeable proportion of young men and some young women had engaged in sex before marriage. As documented in this report, many youth had initiated sexual activity uninformed, which reiterates the need to provide family life or sex education to young people. Moreover, the finding that for many youth, pre-marital sexual experiences were unsafe or unwanted calls for programmes that focus on building sexual and reproductive health awareness among young people as well as developing their skills in negotiating safe sex and communicating with their partners. At the same time, programmes must make available appropriate family planning and infection prevention services for both married and unmarried young men and women in a manner acceptable to them. Findings suggesting widespread misconceptions about the condom call for bold and imaginatively designed communication programmes directed at youth that dispel misconceptions through messages that appeal to youth.

Intensify efforts to eliminate the practice of early marriage

Findings indicate an adherence, even among youth, to the traditional norms around child marriage, and the practice of early marriage not only among young women but also, to a lesser extent, among young men. These findings call for measures that go beyond information campaigns to address the underlying factors—social norms and economic constraints—driving early marriage and to better enforce existing laws prohibiting early marriage in the state.

There is a need for a multi-pronged approach to eliminate the practice of early marriage. Strategies are needed that mobilise communities to help parents resist pressures that foster the practice of early marriage. Moreover, strategies are needed that establish new norms and practices, that actively engage influential persons in the community, including religious and political leaders, as well as that initiate campaigns highlighting the adverse consequences of early marriage and how it is a violation of the rights of the child. Finally strategies for community mobilisation must involve youth themselves as well as their families.

Equally important is the need to ensure greater commitment on the part of law enforcement agencies to enforce existing laws on the minimum age at marriage and the registration of marriages, and to levy penalties on violators. Allowing anonymous reporting, making law enforcement agencies and others aware that the practice of early marriage is not a minor violation, and making the guidelines for penalties clear to enforcement agencies and the wider community are possible steps in this direction.



Efforts to delay marriage also require providing girls with viable alternatives to marriage. Advising families to send their daughters to school when schools are too far away, the classroom is hostile to girls or education is of poor quality will not succeed. Working with the education sector to make schooling for girls more accessible, and to make classrooms gender-sensitive and responsive to the needs of young girls and the concerns of their parents is important. At the same time, it is necessary to provide livelihoods training within and outside the educational system.

Findings that marriages were often arranged without the participation of young people themselves and that few young people had an opportunity to meet their spouse-to-be prior to the wedding day call for actions to apprise parents of the need to involve their 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 consequences 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.

Enable married young women to exercise greater control over their lives

Findings regarding the multiple vulnerabilities faced by married young women underscore the need for programmes that support young women, especially the newly-wed, acknowledging that their situation and needs may differ from those of married adults. Married young women are notably isolated, have little decision-making authority and have few sources of support. They have limited communication with their husband, and notable proportions have experienced physical and sexual violence perpetrated by their husband.

Efforts are needed that address these vulnerabilities. Programmes need to break down the social isolation of married young women, encourage couple communication, build negotiation and conflict management skills early in marriage and enable married young women to have greater control over resources. Intervention models exist in India that have attempted to address these needs; these models should be reviewed and up-scaled as appropriate so that married young women have an opportunity to exercise control over their lives.

Support newly-weds to postpone the first pregnancy and promote pregnancy-related care among those who become pregnant

Findings show that the social pressure to bear children as soon as possible following marriage persists. Contraceptives were rarely used to postpone the first pregnancy and although the desire to delay pregnancy was expressed by almost one-quarter of young women (and few young men), many young women experienced their first pregnancy soon after marriage. It would appear that numerous forces work against delaying the first pregnancy—young people’s lack of awareness of appropriate methods of contraception and access to supplies, their limited skills in countering social expectations and negotiating pregnancy postponement, overwhelming pressure from the family and community to bear children as soon as possible after marriage, and lack of attention from health care providers.

Programmes are needed that inform youth about their pregnancy postponement options and enable them to access appropriate contraception. At the same time, providers, including such



outreach workers as ASHAs, 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. The finding that married young women lack the freedom of movement to seek health care underscores the need for health workers to reach these women—particularly those newly married and first time pregnant—in their homes.

Findings also underscore the limited access to maternal health services even at the time of the first—and often the most risky—pregnancy. Indeed, many first births were delivered in the home setting or attended by unskilled persons. These findings highlight that reproductive and child health programmes in the state need to build a demand as well as improve the availability of such services among young people.

Create a supportive family environment

Findings highlight the limited interaction and social distance between parents and young people while growing up and the gendered nature of socialisation experiences. Efforts must be made to create a supportive environment for young people. While evidence on models that are effective in bridging the distance between parents and children or enabling parents to adopt gender-egalitarian socialisation practices is not currently available, findings presented in this report call for programmes 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.

Reorient service provision to address the unique needs of unmarried and married young women and men

Although the RCH Programme has advocated special services for youth, including the unmarried, these services had not reached youth in our survey. Indeed, it would appear that the programme has not adequately recognised the heterogeneity of youth and the special needs of married and unmarried young men and women. Few youth were aware of sources of sexual and reproductive health information or contraceptive supplies, and few, particularly young women, had sought care for symptoms of STI or gynaecological problems. Moreover, findings suggest that many youth, including the married, found it difficult to seek appropriate care for sexual and reproductive health problems.

These findings underscore the need to sensitise health care providers about the special needs, heterogeneity and vulnerability of unmarried and married young women and men, and to orient them to the need for developing appropriate strategies to reach these diverse groups, including young newly-weds. Programmes must be inclusive of unmarried as well as married 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 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 RCH Programme.



The finding, moreover, that neither unmarried young men nor married and unmarried young women are permitted to visit a health centre unescorted suggests that few youth would be able to attend youth clinics at Community Health Centre or district hospital levels advocated in the Adolescent Reproductive and Health Strategy. Indeed, these findings call for services that are provided closer to home and that provide for confidentiality, such as, for example, separate village health days that cater to the general as well as sexual and reproductive health needs of youth or involving outreach workers including ASHAs, to provide information and contraceptive supplies, as necessary, to youth.

Moreover, the finding that few youth had sought care for health problems suggests the need to explore the feasibility of implementing various financing strategies, for example, health insurance, competitive voucher schemes and community financing schemes, which will allow youth to have a wider choice of providers and enhance the possibility of obtaining quality care.

At the same time, mental health issues need to be addressed. Symptoms suggestive of mental health disorders were evident among sizeable proportions of youth. Efforts are needed to screen young people for mental health disorders when they avail of other primary health services, including, for example, sexual and reproductive health services, and to refer youth with such symptoms to appropriate health facilities and providers.

Directions for future research

Findings presented in this report provide a broad picture of youth in Rajasthan. 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.

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 enrolment in school and school completion, 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, young people's access to information and services, and the ways in which these factors 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 course at later ages.

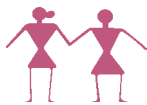
Operations research is also needed. While a number of interventions have been initiated in Rajasthan intended to address the needs of youth—for example, addressing the needs of married girls, changing the norms of masculinity and femininity, encouraging education for girls, developing market-based vocational skills and providing family life and sex education—few



of these have been rigorously evaluated. Urgently needed, therefore, are carefully designed and rigorously 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 Rajasthan. The study 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 Rajasthan but also a base-line by which to measure the impact of programmes intended to address youth needs.





Youth in India: Situation and Needs

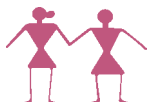
Key indicators by sex of respondents, 2007: Rajasthan

Key indicators	Men (15-24)		Women (15-24)		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)	Men (15-24)	Women (15-24)
Number of respondents	2,974	5,987	1,227	2,474	1,747	3,513				
Socio-demographic profile										
1. Completed 7 years of schooling (%)	23.3	26.1	18.2	22.0	25.1	27.5				
2. Not in school at age 12 (%)	16.6	48.2	13.2	25.6	17.8	56.2				
3. Engaged in paid and/or unpaid work in last 12 months (%)	61.3	49.5	57.1	23.9	62.7	58.6				
4. Engaged in paid work in last 12 months (%)	48.4	21.1	53.8	18.0	46.6	22.2				
5. Unemployment rate (as % of labour force)	6.0	6.1	4.9	12.8	6.4	4.9				
6. Mother discussed reproductive processes with respondent (%)	0.0	2.6	0.1	3.4	0.0	2.3				
7. Father discussed reproductive processes with respondent (%)	0.0	0.0	0.1	0.1	0.0	0.0				
8. Talked to mother about friends (%)	27.5	37.3	37.3	48.7	24.1	33.2				
9. Talked to father about friends (%)	28.4	13.4	40.9	22.4	24.0	10.2				
Young people's control over their own lives										
10. Had a bank account (%)	23.0	38.4	33.8	44.9	19.3	36.1				
11. Took independent decisions about buying clothes (%)	71.6	31.1	75.8	43.9	70.2	26.5				
12. Allowed to visit friends within village/neighbourhood unescorted (%)	N.A.	65.0	N.A.	68.7	N.A.	63.7				
13. Allowed to visit health facility unescorted (%)	N.A.	20.8	N.A.	29.7	N.A.	17.6				
Sexual and reproductive health knowledge										
14. Correct knowledge of legal minimum age at marriage for females (%)	85.5	65.6	89.9	82.2	84.0	59.7				
15. Aware that a woman can get pregnant at first sexual intercourse (%)	34.0	46.9	40.7	46.7	31.7	47.0				
16. Aware of:										
a. Condom (%)	93.0	74.4	97.5	89.3	91.4	69.1				
b. Oral contraceptive pills (%)	68.0	81.3	79.8	92.9	63.9	77.2				
c. IUD (%)	31.7	41.4	43.6	58.7	27.5	35.2				
d. Withdrawal (%)	6.0	22.0	7.4	20.6	5.6	22.5				
17. Correct specific knowledge ¹ of:										
a. Condom (%)	82.6	38.6	88.1	49.0	80.6	34.9				
b. Oral contraceptive pills (%)	32.6	42.2	42.2	56.0	29.3	37.3				
c. IUD (%)	10.3	14.0	14.5	21.7	8.9	11.2				
d. Withdrawal (%)	4.3	14.6	5.0	13.8	4.0	14.8				

Key indicators	Men (15-24)		Women (15-24)		Men (15-24)		Women (15-24)					
	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)				
18. Reported that condoms do not reduce sexual pleasure (%)	30.9	27.2	31.3	30.6	30.7	25.6						
19. Comprehensive knowledge of the conditions under which abortion is legal ² (%)	5.5	5.0	5.3	6.1	5.6	4.6						
20. Heard about:												
a. HIV/AIDS (%)	86.4	57.1	95.6	83.6	83.1	47.6						
b. STI/RTI (%)	16.6	27.0	19.1	30.1	15.8	25.9						
21. Comprehensive knowledge of HIV ³ (%)	49.0	20.3	61.8	37.7	44.6	14.1						
Pre-marital romantic and sexual relationships												
22. Ever had an opposite-sex romantic partner (%)	11.0	6.7	11.8	8.5	10.7	6.0						
23. First spent time alone with an opposite-sex romantic partner before age 15 (%)	29.1	44.5	17.8	29.1	33.5	52.3						
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	4.7	1.0	3.6	0.6	5.1	1.2						
25. Ever had pre-marital sex ⁴ (%)	15.4	2.4	11.2	1.7	16.9	2.6						
Self-reported health problems												
26. Anxiety about <i>swapnadosh</i> /nocturnal emission (men) in last 12 months (%)	17.8	N.A.	19.3	N.A.	17.3	N.A.						
27. Menstrual problems (women) in last 3 months (%)	N.A.	6.0	N.A.	6.2	N.A.	5.9						
28. Symptoms of genital infection in last 3 months ⁵ (%)	3.1	15.5	2.1	12.2	3.5	16.6						
Youth life-style												
29. Consumed alcohol at least once in last month (%)	3.2	0.0	3.4	0.0	3.2	0.0						
30. Consumed drugs at least once in last month (%)	0.0	0.0	0.0	0.0	0.0	0.0						
31. Consumed tobacco products at least once in last month (%)	26.4	4.0	22.6	3.1	27.6	4.4						
32. Involved in physical fights in last 12 months (%)	7.6	1.7	8.5	1.5	7.3	1.8						
33. Watched television often (%)	22.0	31.5	46.2	62.0	13.6	20.7						
Programme participation and voting experience												
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	3.8	3.0	3.9	3.2	3.7	2.9						
35. Voted in last election ⁶ (%)	79.8	64.7	77.6	60.9	80.7	66.0						
Marriage												
36. Youth aged 20-24 married before age 18	17.8	59.9	6.9	35.8	22.2	68.5						

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, 2007: Rajasthan

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)
Number of respondents	1,886	2,603	2,129	631	1,038	987	1,255	1,565	1,142
Socio-demographic profile									
1. Completed 7 years of schooling (%)	27.6	26.3	20.6	22.4	27.1	15.8	28.8	26.1	22.8
2. Not in school at age 12 (%)	27.2	62.7	13.3	18.1	40.2	11.4	29.3	67.1	14.2
3. Engaged in paid and/or unpaid work in last 12 months (%)	93.3	58.3	48.0	96.6	25.3	48.3	92.6	64.8	47.8
4. Engaged in paid work in last 12 months (%)	78.5	21.5	36.3	95.1	16.6	44.5	74.8	22.4	32.7
5. Unemployment rate (as % of labour force)	3.0	5.4	8.2	0.9	15.3	6.9	3.5	4.5	9.0
6. Mother discussed reproductive processes with respondent (%)	0.0	3.0	0.0	0.0	4.3	0.2	0.0	2.7	0.0
7. Father discussed reproductive processes with respondent (%)	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0
8. Talked to mother about friends (%)	20.6	30.9	29.2	27.5	39.7	39.8	19.0	29.2	24.7
9. Talked to father about friends (%)	21.3	8.5	31.0	31.0	13.8	43.2	19.2	7.5	25.8
Young people's control over their own lives									
10. Had a bank account (%)	40.5	39.2	18.3	61.8	44.6	30.3	35.6	38.2	13.1
11. Took independent decisions about buying clothes (%)	89.5	26.6	64.9	92.5	39.1	72.3	88.9	24.1	61.7
12. Allowed to visit friends within village/neighbourhood unescorted (%)	N.A.	62.4	94.2	69.3	63.3	95.3	N.A.	62.3	93.8
13. Allowed to visit health facility unescorted (%)	N.A.	19.8	83.0	21.2	27.3	87.2	N.A.	18.4	81.3
Sexual and reproductive health knowledge									
14. Correct knowledge of legal minimum age at marriage for females (%)	81.0	58.4	87.0	90.5	76.6	90.5	78.9	54.8	85.6
15. Aware that a woman can get pregnant at first sexual intercourse (%)	47.1	57.8	27.6	61.0	65.3	35.6	44.0	56.3	24.1
16. Aware of:									
a. Condom (%)	95.5	76.6	91.9	99.4	91.8	96.9	94.7	73.6	89.7
b. Oral contraceptive pills (%)	79.2	82.8	63.6	91.7	94.4	77.5	76.4	80.5	57.6
c. IUD (%)	41.7	43.8	29.5	62.1	69.2	41.3	37.2	38.8	24.3
d. Withdrawal (%)	11.4	32.9	4.1	16.4	40.7	5.8	10.3	31.4	3.4
17. Correct specific knowledge ¹ of:									
a. Condom (%)	89.0	44.9	79.8	96.6	63.9	86.4	87.3	41.2	77.0
b. Oral contraceptive pills (%)	48.1	45.8	27.1	65.8	66.4	37.3	44.1	41.7	22.7
c. IUD (%)	18.7	16.3	8.2	30.5	29.9	12.8	16.0	13.7	6.2
d. Withdrawal (%)	8.9	21.9	2.6	13.5	27.8	3.3	7.9	20.8	2.3
18. Reported that condoms do not reduce sexual pleasure (%)	43.9	31.5	27.3	56.4	41.5	27.7	41.0	29.0	27.2
19. Comprehensive knowledge of the conditions under which abortion is legal ² (%)	7.2	5.0	4.8	8.6	6.1	4.7	6.9	4.7	4.8
20. Heard about:									
a. HIV/AIDS (%)	84.1	47.8	87.1	95.7	77.6	95.8	81.5	41.9	83.3
b. STI/RTI (%)	24.1	30.2	13.7	30.5	34.0	18.0	22.7	29.4	11.8
21. Comprehensive knowledge of HIV ³ (%)	47.5	15.3	49.9	69.6	34.0	62.8	42.5	11.6	44.3
Pre-marital romantic and sexual relationships									
22. Ever had an opposite-sex romantic partner (%)	7.5	5.0	12.6	9.5	6.3	12.5	7.5	4.8	12.7
23. First spent time alone with an opposite-sex romantic partner before age 15 (%)	26.2	52.7	26.4	38.6	33.3	16.3	28.4	57.1	30.5

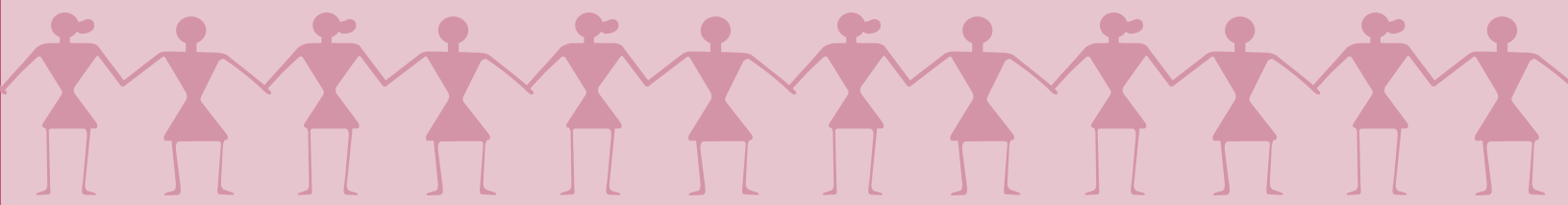
Key indicators	Combined						Urban						Rural																							
	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)																				
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	4.0	1.0	5.2	1.2	3.4	0.5	3.9	0.8	4.1	1.1	5.7	1.4	18.6	2.7	8.7	1.9	14.7	1.9	1.3	19.5	2.8	8.9	2.2													
25. Ever had pre-marital sex ⁴ (%)																																				
Self-reported health problems																																				
26. Anxiety about swaptadosh/ nocturnal emission (men) in last 12 months (%)	6.8	N.A.	22.2	N.A.	4.3	N.A.	22.5	N.A.	7.3	N.A.	22.0	N.A.	6.8	6.5	N.A.	4.9	5.8	N.A.	7.1	3.1	3.1	21.3	3.0	5.5	N.A.	4.5	4.5	5.5								
27. Menstrual problems (women) in last 3 months (%)	3.0	20.8	2.6	6.0	2.6	18.0	1.7	7.1	3.1	3.1	21.3	3.0	3.0	20.8	2.6	6.0	2.6	18.0	1.7	7.1	3.1	21.3	3.0	5.5	N.A.	4.5	4.5	5.5								
28. Symptoms of genital infection in last 3 months ⁵ (%)																																				
Youth life-style																																				
29. Consumed alcohol at least once in last month (%)	9.0	0.0	2.1	0.0	7.8	0.0	3.1	0.0	9.2	0.0	1.7	0.0	9.0	0.0	2.1	0.0	7.8	0.0	3.1	0.0	9.2	0.0	1.7	0.0	9.0	0.0	2.1	0.0	7.8	0.0	3.1	0.0	9.2	0.0	1.7	0.0
30. Consumed drugs at least once in last month (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31. Consumed tobacco products at least once in last month (%)	49.0	5.1	19.3	2.2	41.7	4.9	18.4	1.5	50.7	5.1	19.6	2.6	49.0	5.1	19.3	2.2	41.7	4.9	18.4	1.5	50.7	5.1	19.6	2.6	49.0	5.1	19.3	2.2	41.7	4.9	18.4	1.5	50.7	5.1	19.6	2.6
32. Involved in physical fights in last 12 months (%)	8.0	1.8	7.6	1.6	6.6	1.4	8.8	1.6	8.3	1.9	7.1	1.6	8.0	1.8	7.6	1.6	6.6	1.4	8.8	1.6	8.3	1.9	7.1	1.6	8.0	1.8	7.6	1.6	6.6	1.4	8.8	1.6	8.3	1.9	7.1	1.6
33. Watched television often (%)	14.8	23.1	26.2	42.8	35.3	55.0	50.0	68.2	10.2	16.8	16.0	30.0	14.8	23.1	26.2	42.8	35.3	55.0	50.0	68.2	10.2	16.8	16.0	30.0	14.8	23.1	26.2	42.8	35.3	55.0	50.0	68.2	10.2	16.8	16.0	30.0
Programme participation and voting experience																																				
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	4.6	1.7	3.5	5.4	2.6	1.9	4.1	4.5	5.0	1.7	3.4	5.8	4.6	1.7	3.5	5.4	2.6	1.9	4.1	4.5	5.0	1.7	3.4	5.8	4.6	1.7	3.5	5.4	2.6	1.9	4.1	4.5	5.0	1.7	3.4	5.8
35. Voted in last election ⁶ (%)	90.6	66.2	73.7	52.7	91.0	62.6	72.2	56.1	90.4	67.0	74.8	48.1	90.6	66.2	73.7	52.7	91.0	62.6	72.2	56.1	90.4	67.0	74.8	48.1	90.6	66.2	73.7	52.7	91.0	62.6	72.2	56.1	90.4	67.0	74.8	48.1
Married life																																				
	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)																				
36. Reported a love marriage (%)	0.5	0.5	0.5	0.5	0.9	1.4	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5																				
37. Usually discussed money matters with spouse (%)	88.6	88.5	88.5	88.5	91.7	92.8	87.8	87.7	88.6	88.5	88.5	88.5	88.6	88.5	88.5	88.5																				
38. Reported any physical violence perpetrated on wife by husband (%)	13.5	18.4	18.4	18.4	11.6	11.8	13.9	19.7	13.5	18.4	18.4	18.4	13.5	18.4	18.4	18.4																				
39. Husband ever forced wife to have sex (%)	17.2	39.8	39.8	39.8	11.6	34.2	18.5	41.0	17.2	39.8	39.8	39.8	17.2	39.8	39.8	39.8																				
40. Ever had extra-marital sex (%)	3.4	0.3	0.3	0.3	2.4	0.0	3.6	0.4	3.4	0.3	0.3	0.3	3.4	0.3	0.3	0.3																				
41. Ever used contraception within marriage (%)	38.1	24.2	24.2	24.2	50.0	35.4	35.2	21.9	38.1	24.2	24.2	24.2	38.1	24.2	24.2	24.2																				
42. Currently using contraception (%)	31.7	16.9	16.9	16.9	40.7	24.5	29.4	15.4	31.7	16.9	16.9	16.9	31.7	16.9	16.9	16.9																				
43. Ever used a contraceptive method to delay first pregnancy (%)	19.8	7.9	7.9	7.9	27.2	13.5	18.0	6.7	19.8	7.9	7.9	7.9	19.8	7.9	7.9	7.9																				
44. Children ever born (mean)	1.3	1.2	1.2	1.2	1.2	1.1	1.3	1.2	1.3	1.2	1.2	1.2	1.3	1.2	1.2	1.2																				
45. Ideal number of children ⁷ (mean)	2.3	2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3																				
46. First delivery in health institution ⁸	39.1	44.7	44.7	44.7	63.1	64.9	33.5	40.8	39.1	44.7	44.7	44.7	39.1	44.7	44.7	44.7																				
47. First birth attended by a health professional ⁹ (%)	62.6	61.4	61.4	61.4	78.4	84.6	58.8	56.9	62.6	61.4	61.4	61.4	62.6	61.4	61.4	61.4																				

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 fetus 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







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