

# Securing Sexual and Reproductive Rights of Adolescents in India: The Way Forward



Policy Brief | August 2023

## Introduction

India has by far the largest adolescent population in the world, with every fifth person in between the age group of 10 to 19 years<sup>1</sup>, yet they do not receive the much-needed attention in the policy and programmatic interventions. Health is pivotal to an adolescents' holistic growth and they need different health education and social services throughout their various phases of development.

Adolescents are also central to improving the overall health and well-being of people in the country and to achieve the Sustainable Development Goals (SDGs) of 'ensuring healthy lives for all' including sexual and reproductive

health for all. Although India initiated Rashtriya Kishor Swasthya Karyakram (RKSK)<sup>2</sup> to bring adolescents under the ambit of public health; the poor

Why do
Adolescents' Sexual
and Reproductive Health
need attention?

Adolescents are vulnerable to sexual and reproductive health risks, which are mostly left unaddressed and unacknowledged due to the cultural norms and stigma surrounding adolescent sexuality. World Health Organisation (WHO) study estimates that more than 1 million people get Sexually Transmitted Infections (STIs) every day globally<sup>3</sup>. The study also underlines that a large proportion of new infections are found amongst adolescents and young adults, who might not be aware of that, thus impacting their sexual and reproductive health negatively.

implementation of Adolescent Friendly Health Clinics (AFHCs) as well as the providers' and societies' disparaging approach has resulted in the services being widely unavailable and inaccessible to the adolescents. The cultural norms and legal policy framework view adolescents as a homogenised group, which further hinders access by creating multiple barriers.

As per the National Family
Health Survey (NFHS) - V,
adolescents in the age group of
15-19 years who had
comprehensive knowledge abou
HIV/AIDs included:

17.9% Girls





<sup>1.</sup> Adolescent Development and Participation, UNICEF India, November 20, 2020

<sup>2.</sup> https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1247&lid=421

<sup>4.</sup> National Family Health Survey 2019-21 (NFHS-V)

## Moreover, adolescent girls are at a higher risk of:







## **NFHS-V** states that:

23.3%

Adolescent girls
were married before
the age of 18



6.8%

Adolescent girls between the age group of 15-19 years were already mothers or pregnant at the time of the survey in India

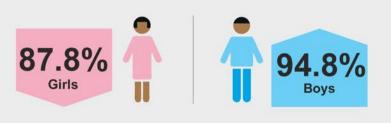
Not only do adolescent pregnancies have social and economic consequences as it jeopardizes girls' future education and employment opportunities, but it also has severe physical and mental health consequences for both the adolescent girl and her child<sup>5</sup>.

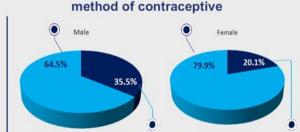
Cultural norms and traditions have created more hindrance rather than help. The topic of sex and sexuality is widely considered a taboo in Indian society, which has resulted in strong objection and rejection of sex education. Contradictory laws and policies have added on to this barrier of knowledge and accessibility.

## **According to NFHS-V:**

Adolescents in the age group of 15-19 years reported to having knowledge of any modern temporary method of contraception were:

Have not used any modern

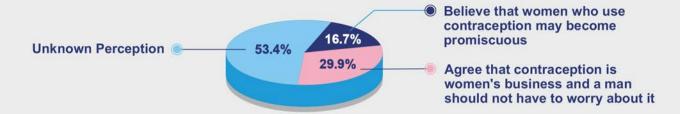




Have used any modern method of contraceptives

The survey highlights that more than 75% of the exposure to family planning messages and contraception is through television, radio, wall hoardings, etc.

# The common perceptions related to sex and contraceptives among adolescent boys is as follows:



Analysis of Legal, Regulatory and Policy Framework

Often the requirements of adolescents in India are generalised either under child-centric or youth-specific schemes, hence homogenising them and neglecting their unique evolving needs. It is essential that adolescents are seen as a heterogeneous group with changing needs,

depending on their stage of development and life circumstances, to prepare them with the appropriate knowledge and skills they would need, as they step into the adult world. Although the Ministry of Health and Family Welfare initiated the RKSK programme to reach out to the 253 million adolescents in India<sup>6</sup> and enable them with the right education and Sexual and Reproductive Health (SRH) services, the providers' and societies' conservative attitude has hindered access.

Moreover, the Protection of Children from Sexual Offences (POCSO) Act, which is meant to safeguard the life and rights of a child, has unintentionally infringed accessibility of reproductive health services. As the act deems any sexual activity with persons below the set age of 18 years as statutory rape and fails to differentiate between offence and consent, it poses a huge barrier to access sexual and reproductive health services for adolescents. The mandatory reporting further hinders access to SRH services including safe abortion services for adolescents, ensuing many to seek unsafe abortions to avoid legal hassles. The conflation between POCSO and Medical Termination of Pregnancy Act result in denial of services for consensual as well as sexual assault of minors.

# Conclusion

Adolescents present a tremendous opportunity to break the cycle of taboo and stigma. By reaching individuals early with information and services to encourage behavioural and social changes, it could reduce sexual and reproductive health risks and provide them opportunities to

grow and develop to their full potential. To achieve this, adolescents must not only be empowered with correct information but also the legal policy framework must be responsive to the needs of adolescents and must be developed in such a way that not only protects the adolescent from potential harm but also recognises their agency and autonomy.

A report<sup>7</sup> published by UNESCO reveals that Comprehensive Sexuality Education (CSE) results in reduced sexual and reproductive health risks including STIs, unintended pregnancies, unsafe abortion and HIV transmission, thus improving the overall health of the adolescents. This assessment was conducted in 48 countries around the world and almost 80% had policies in places that supported CSE. The report also highlighted the positive impact of CSE on the sexual behaviours of the adolescent and its contribution to the holistic development of the adolescent as CSE promotes "gender equality and equitable social norms".

<sup>6.</sup> Adolescent Health (RKSK): National Health Mission (nhm.gov.in)

<sup>7.</sup> Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education A Global Review 2015, UNESCO

# Policy Recommendations

The overall well-being and health of adolescents is vital to develop as a nation. To empower adolescents to exercise their sexual and reproductive rights and ensure they have access to acceptable and quality reproductive healthcare services, the decision-makers could consider the following recommendations:



Inclusion of CSE in the school curriculum as life skills at an early stage with age-appropriate information.



Address the barrier posed by the POCSO Act in accessing essential sexual and reproductive health services for adolescents through a regulatory framework.



Targeted investment in sexual and reproductive healthcare services for adolescents.



Capacity building and sensitisation of all healthcare workers to provide accurate, non-biased information and adolescent-friendly services including contraception, STI prevention and abortion care to all young people.

### Author

Debanjana Choudhuri, Director (Programmes and Partnerships), Foundation for Reproductive Health Services India

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