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Youth in India: Situation and Needs 2006-2007—Executive summary, Andhra Pradesh

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GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

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Youth in India: Situation and Needs 2006–2007

EXECUTIVE SUMMARY ANDHRA PRADESH

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

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The *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 Andhra Pradesh. The survey was undertaken between October 2007 and April 2008. During the survey, 9,121 young people were contacted, of which a total of 8,330 married and unmarried young women and men were successfully interviewed.

Characteristics of the household population

A total of 32,348 households were selected for the interview. Among these, interviews were successfully completed in 31,123 sample households, and 125,953 individuals, who were usual residents in these households, were enumerated. The age distribution was typical of a population in which fertility has been declining, with relatively smaller proportions in both younger (0–9 years) and older (60+ years) age groups. With regard to the youth population, the distribution suggests that, at the time of the survey, 10% of the population was aged 10–14 years, 9% each was aged 15–19 years and 20–24 years. A total of 18% of the population was aged 15–24 years. Overall, the sex ratio of the de jure population of the state was 1,018 females per 1,000 males, considerably higher than that observed in the 2001 census (978).

The educational profile of the household population highlights low levels of educational attainment in the state: about two-fifths of the population aged 6 years and above had no formal education. Notably, as many as 47% of females compared to 29% of males, and as many as 44% of the rural population compared to 23% of the urban population had never been to school. Reaffirming the low levels of educational attainment in the state, findings also indicate that just 10% of the total population had received 12 or more years of education.

Housing characteristics of the surveyed population suggest that 17% of all households lived in *kachcha* houses (constructed from mud, thatch or other low-quality materials), 38% lived in semi-*pucca* houses (constructed using a mix of low- and high-quality materials) and 45% lived in *pucca* houses (constructed entirely from cement, masonry or other high-quality materials). Some 92% of households had electricity, including almost all urban households (97%) and 90% of rural households. The majority of households (95%) reported that their main source of drinking water was either piped water, or water obtained from a hand-pump or a covered well. Access to a toilet facility of any kind was reported by about half of all households (47%).

The distribution of households by wealth quintiles shows that more than two-fifths of urban households were in the wealthiest (fifth) quintile; in contrast, only 12% of rural households were in this quintile. Likewise, one-fourth of rural households were in the poorest (first) quintile compared to only 6% of urban households.

Situation of youth

As mentioned earlier, a total of 8,330 youth were interviewed. Age profiles suggest that young men and women were about equally distributed in the 15–19 and 20–24 age groups (47–51% and 49–53%, respectively). The unmarried were, however, younger than the married, and rural youth were somewhat younger than their urban counterparts. Distributions by religion show that 84–85% of youth were Hindu, 7–10% were Muslim and 5–8% were Christian. Caste-wise distributions show that 24–25% of youth belonged to general castes, 22–23% to scheduled castes, 6% to scheduled tribes and 46–49% to other backward castes. Four in five youth reported that both parents were surviving. For those with just one parent surviving, this

parent was more likely to be the mother (13–14%) than the father (2–4%). Finally, 1–2% reported that neither parent was alive.

Education

While youth in Andhra Pradesh were better educated than the general population in the state, schooling was far from universal among young people. As many as one in twelve young men and one in five young women had never attended school. Findings show, moreover, that young women in rural areas and married young women in general were particularly disadvantaged; about one-third of married young women and one quarter of women residing in rural areas had never been to school. At the time of the interview, about two-fifths of unmarried youth (and very few married) were still in school or college, and gender differences were negligible.

Not only was school enrolment limited, but school completion rates were also low among young people, particularly young women. For example, among young women, of those who had completed Class 1, only 95% had completed Class 4, and completion rates fell below 90% in Class 5. Among young men, completion rates fell below 90% a year later, that is, in Class 6. Declines in school completion were steep among both young men and women at around the time of high school completion, that is, between Classes 9 and 11, suggesting that many youth discontinued their education at high school level. Indeed, just 52% of young men and 36% of young women in the state had completed high school.

Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Andhra Pradesh (combined), 2007–08

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), Andhra Pradesh (urban), 2007–08

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

Findings suggest moreover that youth were considerably better educated than their parents. More than half of the parents of both young men and women had never been to school.

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), attitude and perception-related (for example, education was unnecessary or the respondent was not interested in schooling) and housework-related reasons (the respondent was required for care of siblings or housework).

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 were economic and attitude and perception-related, irrespective of the level at which education was discontinued. Far fewer young men cited school-related reasons. Among young women, in contrast, while economic and attitude and perception-related reasons were important, school-related reasons (academic failure, distance to school, poor school quality and infrastructure)

Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Andhra Pradesh (rural), 2007-08

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

Percentage of youth who had discontinued schooling by class when discontinued and reasons for discontinuation, Andhra Pradesh, 2007-08

were prominent factors underlying discontinuation at all levels; housework responsibilities were also significant, particularly among those who discontinued at primary or middle school levels. Of note are findings that more than one quarter of youth who discontinued their education before completing high school cited academic failure as a reason for discontinuing their education; and that one in five married young women who discontinued their education in Classes 7–9 and one-third of those who discontinued their education in Classes 10–11 reported doing so in order to marry.

As far as type of educational facility youth attended is concerned, while the majority of young men and women attended co-educational facilities at all levels of education, young women were less likely to attend a co-educational facility at higher secondary school and college levels. Typically, more youth who had discontinued their education reported government school attendance than did those who were pursuing their education; private school attendance was reported, moreover, among large proportions who were pursuing a higher secondary or college education or had discontinued their education at this level; while gender differences were relatively mild, youth from urban areas were considerably more likely than their rural counterparts to have attended a private school or college.

Most youth, irrespective of whether they were pursuing their education or not, had access to drinking water and playgrounds. However, for the most part, youth still studying were somewhat more likely, to report the availability of toilets as well as libraries than those who had discontinued their education. The availability of all four amenities was, for the most part, somewhat more likely to be reported by those who were studying at the time of the interview than those who had discontinued their education.

Schooling experiences also differed in some instances between those who had discontinued schooling and those who were studying at the time of the interview. While differences in experience of private tuition were typically narrow, those who had discontinued their education were more likely than those who were continuing their education to perceive the academic workload to be heavy and somewhat less likely to have attended classes regularly. They were considerably less likely, moreover, to have passed the last examination for which they had appeared, suggesting that poor school performance was a significant factor leading to school discontinuation among both young men and women.

Work

Work profiles suggest that three-quarters of young men and three-fifths of young women had ever engaged in paid or unpaid work. Indeed, almost all

Percentage of youth who engaged in paid or unpaid work in last 12 months, Andhra Pradesh, 2007–08

Note: *Married men (15–29).

married young men and over two-thirds of unmarried young men had done so, compared with over two-thirds and half of married and unmarried young women, respectively. Likewise, more youth in rural than urban areas had ever worked. While the majority of youth were engaged in paid work, considerable proportions of young men and women (26% each) reported unpaid work on the family farm or business. Economic activity was often initiated at an early age: 37% and 39% of young men and women, respectively, reported initiating work in childhood or early adolescence (before age 15). The majority of young men (98% of the married and 67% of the unmarried) and a substantial proportion of young women (51% and 44%, respectively) had engaged in paid or unpaid work at some point in the 12 months preceding the survey. The majority of young men (85%) who had worked in the year prior to the interview had done so for the major part (at least six months) of the year. In contrast among young women, 71% had done so.

Unemployment rates ranged from 7% among young men to 10% among young women. Unemployment rates tended to be higher among the unmarried than the married. While rural-urban differences were negligible among young men, young women in urban areas reported considerably higher rates of unemployment than did their rural counterparts. Unemployment was particularly high among the educated and the economically better off than any other group. Youth were clearly interested in acquiring skills that would enable employment generation; 48% of young men and 63% of young women reported interest in vocational skills training. However, far fewer—one-third of young men and young women—had attended even one vocational training programme.

Percentage of youth who ever attended a vocational training programme and percentage who were interested in participating in such programmes, Andhra Pradesh, 2007–08

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

Media exposure

Findings suggest that almost all youth in Andhra Pradesh were exposed to the media, typically television (90% of all young men and 94% of all young women), newspapers, magazines or books (94% of young men and 78% of young women with five or more years of education) and films either on CD/DVD or at a theatre or video parlour (94% of young men and 77% of young women). Exposure to the internet was reported by many fewer (22% of young men and 9% of young women with five or more years of education). Gender differences were apparent with regard to exposure to the print media, to films and to the internet, with young men considerably more likely than young women to report exposure.

Findings also suggest that almost half of young men and hardly any young women had watched pornographic or “blue” films, and one-third of young men and 4% of young women had read or looked at pornographic books/magazines. Finally, half of young men (and 7% of young women) who had accessed the internet reported that they had accessed pornographic materials on the internet. At least half of young men who reported watching pornographic films or reading pornographic materials reported that they accessed these materials sometimes or frequently. Finally, between three-fifths and three-quarters of young men and women acknowledged the influence that media had on youth behaviours.

Socialisation experiences and communication with parents

Findings reveal a mixed scenario regarding the nature of socialisation experienced by youth. While responses from young men indicate that large proportions of households did discriminate

Percentage of youth reporting gendered socialisation experiences relative to an opposite-sex sibling/cousin, Andhra Pradesh, 2007–08

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.

between their sons and daughters in terms of freedom of movement and expectations regarding housework, responses from young women suggest the reverse. While three-quarters of young men reported that they had more freedom to go out than their sisters or female cousins did, many fewer young women, just two-fifths, agreed that they had less freedom to go out than their brothers or male cousins did. Likewise, two-thirds of young men reported that they were expected to do less housework than their sisters or female cousins, and only two-fifths of young women agreed that they were expected to do more housework than their brothers or male cousins. At the same time, far more consistently observed were gender differences in perceptions of parental control: young women were more likely than young men to perceive that their parents would disapprove of social activities in which youth tend to participate that involved members of the opposite sex.

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, reproductive processes and contraception 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 more sensitive matters. Moreover, while young women identified their mother as the most likely confidante on such matters as menstrual problems and the experience of being teased by a boy, young men rarely identified a parent as a leading confidante on matters relating to nocturnal emission or *swapnadosh*. Indeed, neither young men nor women identified a parent as a leading confidante on boy-girl matters.

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

Peer networks and interaction

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

Agency and gender role attitudes

Findings 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, choice of friends, spending one's own money and purchase of clothes for oneself. Likewise, freedom of movement even within the village or neighbourhood was not universal among young women; just four in five young women had the freedom to visit locations within their own village or neighbourhood unescorted. Many fewer, just one in four young women reported freedom to visit at least one place outside their village or neighbourhood unescorted, and one in 10 could visit a health facility unescorted. Access to and control over financial resources tended to be limited among young women; just one in four reported some savings and one in six owned a bank or post office savings account. Of those who owned an account, just three in five operated it themselves.

Within the sub-group of young women, findings indicate that the married were more disadvantaged, in some respects, than the unmarried. For example, compared to the unmarried, married young women were less likely to exercise control over financial resources, and at the same time, more likely to hold unequal gender role attitudes and to justify wife-beating. They were, however, about as likely as the unmarried to report independent decision-making and freedom of movement.

Also notable from the findings is the striking gender divide in most 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 man was more likely than the most educated woman to report independent decision-making on all three issues explored in the survey. Although young women were as likely as young men to have money saved (25% and 24%, respectively)

Percentage of youth who independently made decisions on choice of friends, spending money and buying clothes for themselves, Andhra Pradesh, 2007–08

Note: *Married men (15–29).

Percentage of youth allowed to visit selected places unescorted, Andhra Pradesh, 2007–08

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.

and own a bank or post office savings account (17% and 19%, respectively), they were less likely than young men to operate the account themselves (61% and 93%, respectively, 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 55% of young men reported independent decision-making on all three issues explored in the survey. Similarly, young men's freedom to visit selected localities was far from universal; for example, just over half of unmarried young men (55%) were allowed to visit a place of entertainment or to attend a programme conducted outside their village or neighbourhood unescorted, and just two-fifths were allowed to visit a health facility unescorted.

Relatively large proportions of youth espoused egalitarian gender role attitudes on such issues as the relative importance attached to educating boys versus girls, the role of the husband as the main decision-maker with regard to spending money, girls' participation in decisions about their own marriage and so on. Even so, it is notable that young men were generally more likely than young women to report unequal gender role attitudes. A somewhat different picture emerged, however, with regard to attitudes to wife-beating. Findings highlight widespread acceptance of violence within marriage among youth, and in this case, young women were more likely than young men to so perceive; 88% of young women compared to 63% of young men justified wife beating in at least one situation explored in the survey.

Percentage of youth who reported having any savings, owning an account in a bank or post office and operating the account themselves, Andhra Pradesh, 2007–08

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, Andhra Pradesh, 2007-08

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 over two-fifths of young men and over three-fifths of young women were aware that a woman can get pregnant at first sex, and just 30% of young men and 16% of young women reported awareness of STIs other than HIV.

Percentage of youth by awareness of HIV/AIDS, comprehensive knowledge about HIV/AIDS and awareness of STIs, Andhra Pradesh, 2007-08

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

Note: *Other than HIV.

Even on topics about which young people were generally aware, findings show that in-depth understanding was limited. For example, while 97–98% of youth reported awareness of at least one modern contraceptive method, in-depth awareness of condoms and oral contraceptives, the non-terminal methods most familiar to youth, was reported by just 80% and 17% of young men and 21% and 15% of young women, respectively. Likewise, although 94–95% of youth had heard of HIV/AIDS, just 62% of young men and 33% of young women had comprehensive knowledge of HIV/AIDS.

Youth, particularly young women had few sources of information on sex and reproduction. Indeed, half of young women and one-tenth 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 sex and reproduction varied considerably between young men and women. Among young men, the leading sources of information reported were friends and neighbours (68%), followed by the media (47%). Among young women, leading sources of

Percentage of youth who received family life or sex education, Andhra Pradesh, 2007–08

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, Andhra Pradesh, 2007–08

Note: FLE: Family life or sex education.

information were the media (21%), teachers and schools (18%) and friends and neighbours (16%). Notably, just 3–5% 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. 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 a quarter of married youth; they were far less likely to have provided information to the unmarried (9–16%). Likewise, teachers were cited by just 17–18% of youth. However considerable proportions of young women (29%) but hardly any young men cited family members as a leading source of information about contraception. In short, health care providers, teachers and family members—often assumed to be more reliable sources of information than peers and 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—just one-third of young men and almost one-quarter of young women—had attended family life or sex education programmes either in or outside the school setting. Despite this, youth were overwhelmingly in favour of the provision of family life or sex education to young people; while young men preferred to receive this education from a professional (health care provider or teacher) and peers, young women preferred parents and teachers. 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.

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 relationships. Indeed, significant minorities of young men and women have made or received a “proposal” for a romantic relationship (23%), and noteworthy, if smaller, percentages reported that they had been involved in a romantic partnership (17% and 11% of young men and women, respectively). Patterns of

Percentage of youth who had made or received a “proposal” for romantic partnership formation and percentage who had an opposite-sex romantic partner, Andhra Pradesh, 2007–08

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

pre-marital romantic partnerships suggest that where partnerships occurred, they were initiated at about age 18 among young men and age 16 among young women, and were hidden from parents by many, but were rarely hidden from peers. Notable gender disparities in expectations of a longer-term commitment emerged: young women were more likely than young men to have expected a romantic relationship to lead to marriage. The experiences of the married suggest, moreover, a disconnect between intentions and reality: although almost all (95%) young women and two-thirds (68%) of young men reported the intention to marry their pre-marital partner, fewer—70% of young women and 23% of young men—had done so.

While the majority—95% of young men and 82% of young women—had held hands with their romantic partner, fewer—46%—had engaged in sexual relations with their partner. It is notable that unlike the findings of many previous studies, no gender differences in reports of pre-marital sex with a romantic partner were apparent. Findings suggest, moreover, that the vast majority had engaged in unprotected sex. However, many young men and women who reported contraception at first sex reported that the female partner was involved in the decision. Very few 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.

Pre-marital sexual experiences in romantic and other relationships

In total, 16% of young men and 6% of young women reported the experience of pre-marital sex within romantic and/or other partnerships. In general, life table estimates reveal that roughly similar proportions of young men and women—3% and 5%, respectively—had initiated first sex before age 18; however, larger proportions of youth in rural than urban areas had initiated pre-marital sexual relations in adolescence. 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.

Percentage of youth reporting pre-marital sex, according to residence, Andhra Pradesh, 2007–08

M=Men; W=Women

Note: *Married men (15–29).

While sex with a romantic partner characterised pre-marital experiences for many of the sexually experienced, findings suggest that young men, but not young women, also engaged in sex in other contexts—mainly with sex workers, married women and casual partners. Many pre-marital sexual experiences reported by youth were risky, for example, one-fifth of young men and 7% of young women reporting pre-marital sex had engaged in sex with more than one partner. Moreover, consistent condom use was limited—only 17% and 2% of sexually experienced young men and women, respectively, reported condom use in all pre-marital encounters.

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. Surprisingly, findings suggest that a larger percentage of sexually active young men than women reported pre-marital sex only in the anonymous format. In total, direct reporting yielded somewhat higher estimates than anonymous third-party reporting, although the differences were narrow among young women. However, direct questioning supplemented by self-reporting in an anonymous format provided higher estimates of sexual experience than did face-to-face questioning alone or anonymous third-party reporting of peer behaviours.

Transition to marriage and early married life

Findings indicate that although most youth preferred to marry after age 18, early marriage continues to characterise the lives of many young women and to a certain extent the lives of young men as well. Among young women aged 20–24 years, almost one in five young women (18%) was married before age 15, 54% before age 18 and almost three in four before age 20. Even though early marriage was less prevalent among young men, one in ten young men aged 20–24 years was married before age 20.

Almost all youth reported arranged marriages; it is notable, however, that 86–89% of youth were given an opportunity to participate in the decision on the choice of their spouse. At the same time, reported pre-marital acquaintance was limited. Just a little over one-quarter of young men and one-fifth of young women reported that they had ever had a chance to meet and interact alone with their spouse-to-be prior to marriage. Over two 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 over two-thirds of young men and over four-fifths of young women.

Percentage of youth aged 20–24 who were married before selected ages, Andhra Pradesh, 2007–08

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, Andhra Pradesh, 2007–08

MM=Married men; MW=Married women

Despite the existence of laws against the payment of dowry, this practice characterised the marriages of 81% of young men and 86% of women. Findings also show that families of urban youth appeared as likely as their rural counterparts to conform to traditional practices, such as payment of dowry.

Reports of marital life suggest that married life was characterised by considerable inter-spousal communication on most topics, yet, just one in eight young men and one in three young women had ever discussed matters relating to contraception with their spouse, clearly undermining married young people's ability to adopt protective actions.

Physical violence and forced sex within marriage were reported by sizeable proportions of youth. For example, a little less than one-quarter of young women reported that they had ever faced physical violence perpetrated by their husband and one-fifth of young men reported perpetrating violence on their wife. Recent physical violence was likewise reported by about one-sixth of young men and about one-fifth of young women. Sexual violence was also reported by significant minorities of youth. One in ten young women reported ever being forced to engage in sex by their husband; one in seven young men reported forcing their wife to engage in sex. Fewer youth (5%) reported recent sexual violence.

While the Youth Study did not explore extra-marital sexual experiences in detail, the available data indicate that 6% of young men reported an extra-marital sexual encounter. In contrast, less than 1% of young women reported an extra-marital sexual encounter.

Contraceptive practice and pregnancy experience

Contraceptive use at any time within marriage was relatively limited, reported by 10% of young men and 23% of young women. Moreover, just 8% of young men and 21% of young women reported current use of contraception. Among contraceptive methods typically used, female sterilisation was mostly likely to be reported; indeed, over three-quarters of young men and over four-fifths of young women who were practising contraception at the time of

the interview reported that their wife or they had been sterilised. Just 2–3% of young people practised contraception to delay the first birth. Not surprisingly, pregnancy typically occurred within a year of marriage for over three-fifths of young women and over half of young men who reported that they or their wife had been pregnant at least once. Moreover, substantial proportions of youth reported experiencing unintended pregnancy. For example, among young women who were not pregnant at the time of the interview and among young men whose wife was not pregnant at the time of the interview, 23% and 15%, respectively, reported that the last pregnancy was mistimed or unwanted.

Circumstances of the first birth suggest that the overwhelming majority of first births were delivered in a health care facility (72–76%) and 89–90% of first birth were delivered by a skilled attendant.

Findings also show that most respondents wanted one child of each sex and just a small minority of young men and women expressed a preference for more sons than daughters.

Substance use

Findings show that substantial proportions of young men reported the consumption of tobacco and alcohol; one-fifth of young men reported tobacco consumption and over one-fourth reported alcohol consumption. In contrast, consumption of tobacco products and alcohol was reported by very few young women (less than 2%). Drug use was reported by very few young men and not a single young woman.

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, 22% of young men and 33% of young women had experienced high fever, 7% and 2%, respectively, had experienced an injury, and 1% and 11%, respectively, reported experience of symptoms of genital infection. Moreover, 12% of young women reported menstrual problems; at the same time, 18% of young men reported anxiety about nocturnal emission. Finally, responses indicative of mental health disorders were reported by 10–11% of young men and women.

Percentage of married youth reporting lifetime and current use of contraceptive methods within marriage, Andhra Pradesh, 2007–08

MM=Married men; MW=Married women

With regard to care seeking for general and sexual and reproductive health problems, patterns varied by type of problem experienced. 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, the majority had sought advice or treatment from a private facility or provider, irrespective of the type of problem experienced. It is notable, however, that in the case of anxiety about nocturnal emission, young men rarely sought advice from a health care provider, preferring to do so from peers.

Findings suggest that youth were uncomfortable about seeking sexual and reproductive health services. 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, although youth were overwhelmingly in favour of pre-marital HIV testing, relatively few had undergone HIV testing. Just 5% of young men and almost one-quarter of young women had undergone HIV testing. Married young women were far more likely than any other group to have done so; over two-fifths of married young women had undergone HIV testing, most likely as part of antenatal check-ups.

Participation in civil society and political life

Findings highlight somewhat 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, familiarity with these programmes was far from universal. Just two-fifths of young men and two-thirds of young women reported familiarity with these programmes and even fewer youth—19% of young men 22% of young women—reported participating in such programmes. Considerably more young men (59%), but fewer young women (17%) reported that

they had participated in community-led activities such as cleanliness drives and the celebration of festivals and national days. Finally, just 10% of young men compared to 26% of young women reported membership in organised groups.

Findings suggest that voting behaviour was far from universal. Among those eligible to vote, 62–63% of young men and women had cast their vote in the most recent election. Also of note is that while most youth (89–90%) perceived that one could vote freely and without fear and pressure, as many as 60% of young men and 53% of young women reported disillusionment with the commitment of political parties to work for change at the community level.

Percentage of youth aged 20 or above who voted in the last election, Andhra Pradesh, 2007–08

Note: *Married men (20–29).

By and large, youth reported secular attitudes; 88–98% reported that they mixed freely and would eat together with individuals of different religions and castes, and that they would talk to a person who has had an inter-caste marriage. However, only one-third of young men and three-fifths of young women agreed that it was best to tolerate rather than punish someone who had shown disrespect to their religion.

Considerable proportions of young men and women acknowledged that physical fights among young men as well as among young women did occur in their village or urban neighbourhood. However, few youth—8% of young men and 3% of young women—reported that they had been involved in a physical fight in the year preceding the interview.

Youth reported a number of leading problems facing them and gender differences were evident. Among young men, the majority reported difficulty in finding employment and concerns about poverty more generally as leading problems. In contrast, leading problems expressed by young women were poverty and to a lesser extent, lack of amenities and infrastructure, lack of opportunities for education and difficulty in finding employment.

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 outlined below.

Address obstacles to school completion

Youth Study findings highlight that school enrolment was far from universal among young people in the state: indeed, one in twelve young men and one in five young women had never been enrolled in school. School completion rates were also relatively low, particularly among young women; just 52% of young men and 36% of young women had completed high school. The state government has articulated its commitment to improving schooling situation in the state, and what is required now, particularly if the state is to achieve the Millennium Development Goal of ensuring universal primary school completion, are actions to implement these commitments. While the achievement of universal primary school completion is a key goal, 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 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 completion; leading among these were economic reasons; attitudes and perceptions; and, among young women, school-related reasons. 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. While a number of state government programmes are ongoing that aim to reduce the cost of education, additional inputs, by way of conditional grants that encourage school completion among disadvantaged groups, also need also to be considered. Moreover, there is a need to ensure that ongoing government programmes do indeed reach the most disadvantaged groups. At the same time, activities are needed that raise awareness among parents about the importance of a secondary school education in expanding their children's livelihood opportunities.

Activities must also address school-level barriers, notably, poor infrastructure, quality of education and academic failure, particularly among young women. There is a need to incorporate livelihoods skills building models within the school setting that will not only raise young people's aspirations regarding their education and careers but also provide them opportunities to gain market-driven job skills. There is also a need to focus on providing better training and ensuring accountability for teachers—investments that are likely to improve the quality of the schooling experience for youth.

Findings suggesting that married young men and women remain considerably disadvantaged call for interventions that give the married a second chance to continue their education. Likewise, evidence that rural youth, particularly young women, were more disadvantaged with regard to educational opportunities than their urban counterparts calls for efforts to provide those out of school an opportunity to complete their schooling.

Strengthen efforts to prevent child labor

Findings of the Youth Study that almost two in five young men and women had initiated work in childhood or in early adolescence (before age 15) 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. At the same time, it is important to vigorously enforce existing laws that prohibit child labour.

Enable opportunities for employment

Although unemployment rates were relatively low (7–10%) among youth, findings that unemployment rates were particularly high among the educated suggest a possible disconnect between youth skills and market needs. Indeed, few youth were aware of employment generation programmes and even fewer had availed of these or vocational skills training. It is notable that while considerable proportions of urban youth reported exposure to computer skills, English language skills and so on, rural youth tended to opt for relatively traditional vocational skills and may not have had the opportunity to learn about market needs or develop appropriate skills for which a demand exists. Formal mechanisms need to be developed that enable youth—and particularly rural youth—to acquire skills for which there is an established market demand, and that link eligible youth to market opportunities.

Build upon youth's growing access to the internet

Findings suggesting that one quarter of young men and one in ten young women with five or more years of education—and considerably more in urban areas—had accessed the internet highlight the role that this medium can play in building youth awareness of the world around them and the opportunities available to them. The development of youth-friendly web-sites in Telugu may be a useful way to convey such information to youth.

Promote agency and gender equitable norms among youth

Findings highlight the limited agency of young women and the persistence of gender double standards among youth. Young women were particularly disadvantaged in terms of school completion, mobility, opportunities to build peer networks, decision-making authority in matters relating to their own lives and control over resources. And although young women were more likely to express equitable gender role attitudes than young men, they were more likely than young men to express traditional attitudes concerning wife beating. These findings call for attention 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 social support among peers.

Interventions intended to build life skills must also be inclusive of young men. Indeed, findings that inequalities in gender role attitudes were expressed by many young men, 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 programmes that build their life skills, 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 active engagement with the community. It is essential that programmes for youth work with key community members, such as parents and political and religious leaders in the community, to critically examine prevailing gender norms and forces that perpetuate such norms.

An increasing number of intervention models to build agency and promote egalitarian gender role attitudes among young people have been tested in India. These models could be reviewed and replicated or scaled up as appropriate.

Provide opportunities for formal saving, especially for young women

Findings suggest that just one-quarter of young men and women had some savings and few youth owned a bank or post office account (just 19% of young men and 17% of young women). Despite the fact that young women were as likely as young men to report savings and to own

a savings account, they were considerably less likely to operate the account independently. Programmes are needed that inculcate a savings orientation among young people, 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 have noted that large proportions of youth have exercised their right to vote, that the majority hold secular attitudes with regard to mixing with a person from another caste and religion, and few engage in community-level violence. Nevertheless, not all youth expressed secular attitudes—two thirds of young men and about two-fifths of young women reported that they would endorse violence against someone who showed disrespect to their religion. Moreover, relatively few had taken part in civil society, that is, government- or NGO-sponsored programmes or community-led activities. 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.

Strengthen 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 among youth, both for those in school and for those who have discontinued their education. Findings demonstrate a 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. Where awareness exists, it is superficial in many cases.

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, and indicated a preference for receiving this education from teachers, health care providers or other experts; many youth also indicated a preference for receiving this education from friends, and large proportions of young women, from parents. However, no more than one in three youth had been exposed to family life or sex education, notwithstanding the School AIDS Education Programme, the Red Ribbon Clubs and special programmes for out-of-school youth. Indeed, substantial proportions of married young women (and some young men) reported entering marriage completely unaware of what marriage entailed. At the same time, several young people had engaged in sexual risk taking.

As mentioned above, 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 those in school and out-of-school, married and unmarried, and rural and urban. Moreover, there is a need to expand the contents of existing awareness raising programmes to include not just HIV-related information but broader sexual and reproductive topics. These 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. 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, dispels their misconceptions on these matters, and enhances their technical knowledge of these issues. Peers and, in the case of young women, parents have also been identified as acceptable sources of information and efforts must therefore be made that identify youth leaders and build networks of peer educators. Also needed are efforts to engage parents—providing them with accurate information and working with them to overcome inhibitions about imparting this information to their children, particularly their daughters.

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 small proportions of young men and women had engaged in sex before marriage. As documented in this report, many youth had initiated sexual activities uninformed, reiterating the need for providing family life or sex education to young people. Moreover, the finding that for many youth, pre-marital sexual experiences were unsafe, and for some unwanted, calls for programmes that focus on building sexual and reproductive health awareness among young people, and developing their skills in negotiating safe sex and communicating with their partners on sexual and reproductive health matters. 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.

Intensify efforts to eliminate the practice of early marriage

Findings indicate that although most youth prefer to marry after age 18, the practice of early marriage is widespread among young women. These findings call for measures that go beyond information campaigns to address the underlying factors—social norms and economic constraints—driving 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; that establish new norms and practices; 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. Community mobilisation efforts must involve youth themselves, their families, as well as influential persons in the community, including religious and political leaders.

Equally important is 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 in the form of accessible and quality schooling and opportunities to build and use livelihood skills. Working with the education sector to make schooling for girls more accessible, and to make classrooms gender-sensitive and responsive to the needs of 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 most marriages were arranged with the participation of young people themselves are encouraging. However, the finding that few young people had an opportunity to meet their spouse-to-be prior to the wedding day calls for actions to sensitise parents to the need to enable their children to interact with their prospective spouse prior to the wedding. 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.

Support newly-weds to postpone the first pregnancy

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 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 the community to bear children as soon as possible after marriage, and the 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 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. Many married young women lack the freedom of movement to seek health care, underscoring the need for health workers to reach these women—particularly those newly married and first time pregnant—in their homes.

Address power imbalances within marriage

Findings confirm that within marriage, large proportions reported communication and interaction with their spouse; nevertheless communication on sensitive matters such as contraception was limited for many. In addition, married life was marked by violence for many; for example, notable proportions of young women had suffered physical and sexual violence perpetrated by their husband.

Efforts are needed to encourage couple communication on sensitive issues (contraception, for example), negotiation and conflict management skills early in marriage. Efforts are also needed to inform married young women of their rights so that they have the opportunity to exercise control over their own lives; at the same time, efforts must be made to promote new concepts of masculinity and femininity and egalitarian couple relations among young men and women. Intervention models exist in India that have attempted to address these needs; these should be reviewed and up-scaled as appropriate.

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 perceptions regarding parental controls on youth behaviours. 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 that enable parents to adopt more 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. Programmes that aim to encourage universal education or eliminate child marriage must, likewise, address parental concerns about the potential consequences of keeping daughters in school or delaying their marriage

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 the youth in our survey. For example, relatively small percentages of young people have ever practised contraception and the method most likely to be adopted was sterilisation. Few had sought care for symptoms of STI or gynaecological problems, and most youth who had sought care for the latter preferred private to public sector facilities. Lack of care seeking and the disconnect between the public health sector and youth underscores 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 newlyweds. It raises, at

the same time, 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.

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 all young people, including the unmarried, 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.

Findings that one in ten young men and women reported symptoms suggestive of mental health disorders suggest that there is a need to establish systems that address young people's mental health. Efforts are needed to screen young people—particularly the married among whom symptoms were more likely to be reported—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 Andhra Pradesh. 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 study in terms of formative research that explores in greater depth the factors impeding successful transitions to adulthood, in the areas, for example, of school completion, economic activity, sexual relations, 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 may contribute to or impede young people's ability to make successful transitions to adulthood. 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 influence their life course at later ages.

Operations research is also needed. While a number of interventions to address the needs of youth have been initiated in India—for example, addressing the needs of married girls, changing the norms of masculinity and femininity, encouraging education for girls, developing market-oriented

vocational skills and providing family life or sex education—few 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 its effectiveness and acceptability—in short, that will enable a shift from the implementation of *promising* to *best* practices in addressing young people’s needs. Ultimately, research is needed that evaluates the reach, effectiveness and feasibility of existing programmes, and 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 Andhra Pradesh. The study highlights several positive aspects of young people’s lives but also alerts us to the many challenges confronting youth and their ability to make a successful transition to adulthood. It emphasises the heterogeneity of youth, not only in terms of their situation but also with regard to their stated needs and preferred mechanisms to address these needs. Programmes must recognise the heterogeneity of young people, and interventions and delivery mechanisms should be appropriately tailored to meet their needs. Evidence presented here provides not only a blue-print for the programming needs of youth in Andhra Pradesh 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, 2007–2008: Andhra Pradesh

Key indicators	Men (15–24)	Women (15–24)	Urban		Rural	
	Men (15–24)	Women (15–24)	Men (15–24)	Women (15–24)	Men (15–24)	Women (15–24)
Number of respondents	2,479	4,848	1,289	2,126	1,190	2,722
Socio-demographic profile						
1. Completed less than 8 years of schooling (%)	23.1	28.5	19.4	20.8	24.5	31.6
2. Not in school at age 12 (%)	19.1	37.4	13.3	20.9	21.3	44.4
3. Engaged in paid and/or unpaid work in last 12 months (%)	72.6	47.4	65.0	24.5	75.5	57.0
4. Engaged in paid work in last 12 months (%)	67.8	41.2	60.5	21.1	70.7	49.6
5. Unemployment rate (as % of labour force)	6.8	10.1	6.3	23.3	6.9	7.2
6. Mother discussed reproductive matters with respondent (%)	1.3	11.5	2.4	9.5	0.9	12.3
7. Father discussed reproductive matters with respondent (%)	0.3	2.7	0.7	1.2	0.2	3.4
8. Talked to mother about friends (%)	56.5	84.2	60.3	89.9	55.0	81.7
9. Talked to father about friends (%)	49.4	51.7	56.0	59.1	46.8	48.6
Young people's control over their own lives						
10. Had savings of any amount (%)	24.2	25.2	28.8	29.9	22.5	23.3
11. Took independent decisions about buying clothes (%)	74.0	34.4	75.5	41.4	73.5	31.5
12. Allowed to visit friends within village/neighbourhood unescorted (%)	N.A.	71.6	N.A.	74.0	N.A.	70.6
13. Allowed to visit health facility unescorted (%)	N.A.	10.4	N.A.	10.0	N.A.	10.6
Sexual and reproductive health knowledge						
14. Correct knowledge of legal minimum age at marriage for females (%)	61.8	50.7	64.9	52.9	60.5	49.7
15. Aware that a woman can get pregnant at first sexual intercourse (%)	42.2	61.9	37.5	61.1	44.0	62.2
16. Aware of:						
a. Condom (%)	93.5	68.8	95.8	79.1	92.6	64.5
b. Oral contraceptive pills (%)	65.2	62.6	67.9	66.9	64.1	60.9
c. IUD (%)	4.5	22.4	6.4	25.7	3.7	21.0
d. Withdrawal (%)	15.7	6.7	16.7	7.3	15.3	6.5
17. Correct specific knowledge ¹ of:						
a. Condom (%)	80.3	20.5	80.7	25.9	80.0	18.2
b. Oral contraceptive pills (%)	16.8	14.8	19.4	16.5	15.7	14.1
c. IUD (%)	2.2	10.9	3.4	12.4	1.7	10.3
d. Withdrawal (%)	14.7	3.5	15.3	4.3	14.4	3.2

Key Indicators	Combined		Urban		Rural	
	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 (%)	22.9	11.3	22.0	11.4	23.2	11.2
19. Comprehensive knowledge of the conditions under which abortion is legal ² (%)	4.0	7.6	4.7	9.1	3.7	7.0
20. Heard about:						
a. HIV/AIDS (%)	96.4	94.6	97.6	97.9	96.0	93.1
b. STI/RTI (%)	29.6	15.6	33.8	16.6	27.9	15.2
21. Comprehensive knowledge of HIV ³ (%)	61.8	33.0	66.1	46.1	60.1	27.5
Pre-marital romantic and sexual relationships						
22. Ever had an opposite-sex romantic partner (%)	17.4	10.5	17.0	12.5	17.5	9.6
23. First spent time alone with an opposite-sex romantic partner before age 15 (%)	19.1	41.3	13.3	30.7	21.3	47.1
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	8.0	4.7	5.7	4.7	8.8	4.7
25. Ever had pre-marital sex ⁴ (%)	16.4	5.8	14.4	6.1	17.2	5.7
Self-reported health problems						
26. Anxiety about swaptadosh/nocturnal emission (men) in last 12 months (%)	18.0	N.A.	20.3	N.A.	17.1	N.A.
27. Menstrual problems (women) in last 3 months (%)	N.A.	11.7	N.A.	11.9	N.A.	11.6
28. Symptoms of genital infection in last 3 months ⁵ (%)	1.1	10.9	0.9	9.3	1.2	11.6
Youth life-style						
29. Consumed alcohol at least once in last month (%)	9.0	0.4	11.0	0.1	8.2	0.5
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 (%)	16.7	0.2	16.9	0.1	16.7	0.2
32. Involved in physical fights in last 12 months (%)	8.0	3.1	8.1	1.9	8.0	3.6
33. Watched television often (%)	26.6	44.7	33.9	55.0	23.8	40.4
Programme participation and voting experience						
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	19.4	21.8	12.6	13.4	22.1	25.3
35. Voted in last election ⁶ (%)	63.2	61.7	48.6	41.8	69.4	70.9
Marriage						
36. Youth aged 20-24 married before age 18	2.1	54.1	0.8	34.1	2.7	63.3

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

Key indicators by sex and marital status of respondents, 2007–2008: Andhra Pradesh

Key indicators	MM (15–29)	MW (15–24)	UM (15–24)	UW (15–24)	Combined				Urban				Rural			
					MM	MW	UM	UW	MM	MW	UM	UW	MM	MW	UM	UW
					1,405	2,330	2,077	2,518	648	1,037	1,132	1,089	757	1,293	945	1,429
Socio-demographic profile																
1.	Completed less than 8 years of schooling (%)															
2.	Not in school at age 12 (%)															
3.	Engaged in paid and/or unpaid work in last 12 months (%)															
4.	Engaged in paid work in last 12 months (%)															
5.	Unemployment rate (as % of labour force)															
6.	Mother discussed reproductive matters with respondent (%)															
7.	Father discussed reproductive matters with respondent (%)															
8.	Talked to mother about friends (%)															
9.	Talked to father about friends (%)															
Young people's control over their own lives																
10.	Had savings of any amount (%)															
11.	Took independent decisions about buying clothes (%)															
12.	Allowed to visit friends within village/neighbourhood unescorted (%)															
13.	Allowed to visit health facility unescorted (%)															
Sexual and reproductive health knowledge																
14.	Correct knowledge of legal minimum age at marriage for females (%)															
15.	Aware that a woman can get pregnant at first sexual intercourse (%)															
16.	Aware of:															
	a. Condom (%)															
	b. Oral contraceptive pills (%)															
	c. IUD (%)															
	d. Withdrawal (%)															
17.	Correct specific knowledge ¹ of:															
	a. Condom (%)															
	b. Oral contraceptive pills (%)															
	c. IUD (%)															
	d. Withdrawal (%)															
18.	Reported that condoms do not reduce sexual pleasure (%)															
19.	Comprehensive knowledge of the conditions under which abortion is legal ² (%)															
20.	Heard about															
	a. HIV/AIDS (%)															
	b. STI/RTI (%)															
21.	Comprehensive knowledge of HIV ³ (%)															
Pre-marital romantic and sexual relationships																
22.	Ever had an opposite-sex romantic partner (%)															
23.	First spent time alone with an opposite-sex romantic partner before age 15 (%)															

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)	MM (15-29)	MW (15-24)
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	13.0	5.2	6.7	4.1	9.8	6.3	4.8	3.4	13.8	4.8	7.6	4.5						
25. Ever had pre-marital sex ⁴ (%)	26.6	6.3	14.4	5.2	26.7	8.0	12.9	4.6	26.6	5.9	15.1	5.5						
Self-reported health problems																		
26. Anxiety about <i>swapanadosh</i> /nocturnal emission (men) in last 12 months (%)	4.3	N.A.	21.2	N.A.	6.2	N.A.	21.9	N.A.	3.7	N.A.	20.9	N.A.						
27. Menstrual problems (women) in last 3 months (%)	N.A.	10.0	N.A.	13.9	N.A.	9.5	N.A.	13.9	N.A.	10.1	N.A.	13.9						
28. Symptoms of genital infection in last 3 months ⁵ (%)	0.9	11.5	1.1	10.2	0.7	10.1	0.8	8.8	0.9	12.0	1.2	11.0						
Youth life-style																		
29. Consumed alcohol at least once in last month (%)	22.1	0.6	6.4	0.1	25.5	0.4	8.6	0.0	21.1	0.6	5.4	0.2						
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						
31. Consumed tobacco products at least once in last month (%)	37.1	0.3	12.8	0.0	37.5	0.0	14.3	0.0	37.0	0.3	12.2	0.1						
32. Involved in physical fights in last 12 months (%)	5.2	3.7	8.2	2.3	5.6	2.3	8.1	1.5	5.0	4.2	8.3	2.6						
33. Watched television often (%)	23.8	41.3	27.5	48.7	31.3	54.0	34.4	55.7	21.8	37.6	24.6	44.8						
Programme participation and voting experience																		
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	18.3	30.7	19.7	10.2	9.8	22.1	12.7	6.5	20.7	33.2	22.8	12.3						
35. Voted in last election ⁶ (%)	88.1	67.8	56.0	37.8	82.3	49.0	42.9	27.9	89.8	74.2	63.1	48.8						
Married life																		
36. Reported a love marriage (%)	MM (15-29)	MW (15-24)	Combined						MM (15-29)	MW (15-24)	Urban						MM (15-29)	MW (15-24)
	4.8	7.0							9.1	11.4							3.5	5.8
	81.2	89.5							88.9	93.1							79.0	88.4
37. Usually discussed money matters with spouse (%)																		
38. Reported any physical violence perpetrated on wife by husband (%)	19.7	22.9							21.5	19.1							19.2	24.1
39. Husband ever forced wife to have sex (%)	14.7	10.2							13.7	5.9							14.9	11.5
40. Ever had extra-marital sex (%)	6.2	0.8							5.9	0.2							6.3	0.9
41. Ever used contraception within marriage (%)	10.0	23.1							12.7	26.5							9.3	22.1
42. Currently using contraception (%)	7.8	21.4							8.8	23.3							7.6	20.9
43. Ever used a contraceptive method to delay first pregnancy (%)	2.7	2.1							4.6	4.2							2.2	1.6
44. Children ever born (mean)	1.2	1.2							1.1	1.1							1.2	1.3
45. Ideal number of children ⁷ (mean)	2.1	2.1							2.1	2.0							2.1	2.1
46. First delivery in health institution ⁸	71.5	76.0							84.1	85.5							68.3	73.3
47. First birth attended by a health professional ⁹ (%)	89.9	88.9							94.8	94.9							88.7	87.2

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

Notes

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