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Youth in India: Situation and Needs 2006-2007, executive summary, Bihar

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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 BIHAR



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This executive summary presents, in brief, findings on the situation of youth in Bihar, 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 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. It 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 Bihar. The survey was undertaken between January and August 2007. During the survey, 9,684 young people were contacted, of which a total of 8,136 married and unmarried young women and men were successfully interviewed.



Characteristics of the household population

A total of 30,888 households were selected for interview. Among these, interviews were successfully completed in 28,205 sample households, and 156,197 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 in other age groups. Indeed, the virtually identical proportions of the population aged 0–4 observed in both the 2001 census and the Youth Study suggest unchanging levels of fertility. 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, 9% was aged 15–19 years and 7% was aged 20–24 years. A total of 16.5% of the population was aged 15–24 years.

Overall, the sex ratio of the *de jure* population of the state was 1,043 females per 1,000 males, considerably higher than that observed in the 2001 Census (919); a finding that may be attributed to increased employment-related out-migration of single young men in the state. The child sex ratio of the state stood at 935 females per 1,000 males aged 0–6, close to that reported in the 2001 Census (942).

The educational profile of the household population highlights low levels of educational attainment in the state: over half (52%) of the population aged 6 years and above had no formal education. Notably, as many as 65% of females compared to 40% of males, and as many as 55% of the rural population compared to 30% of the urban population had never been to school. Findings also indicate that just 6% of the total population had received 12 or more years of education, thus reaffirming the low levels of educational attainment in the state.

Housing characteristics of the surveyed population underscore poor living conditions among the majority of the state's population. Overall, 53% of all households lived in *kachcha* houses (constructed from mud, thatch or other low-quality materials), 25% lived in semi-*pucca* houses (constructed using a mix of low- and high-quality materials) and 22% lived in *pucca* houses (constructed entirely from cement, masonry or other high-quality materials). Only 14% of households had electricity, including 71% of urban households and 9% of rural households. The vast majority of households (93%) reported that their main source of drinking water was either piped water, water obtained from a hand-pump or a covered well. Access to a toilet facility of any kind was reported by just one-sixth of all households.

The distribution of households by wealth quintiles shows a stark rural-urban divide: two-thirds of urban households were in the wealthiest (fifth) quintile; in contrast, only one-sixth of rural households were in this quintile. Likewise, one-fifth 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 8,136 youth were interviewed. Age profiles suggest that larger proportions of young men and women were concentrated in the 15–19 year age group than in the 20–24 year age group (60–62% compared to 38–40%). Moreover, the unmarried were clearly



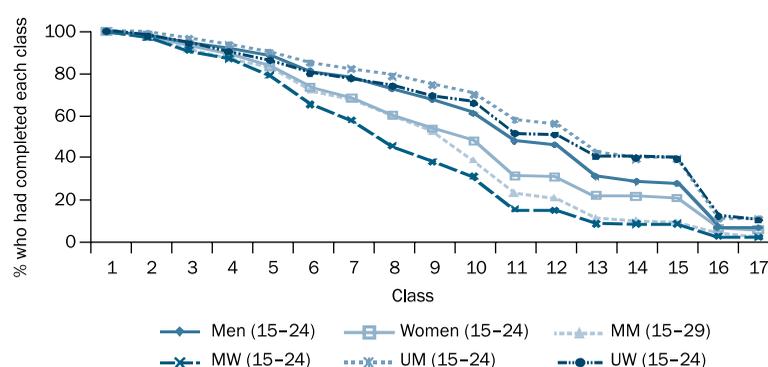
younger than the married. Religious distributions show that 86% of youth were Hindu and 14% were Muslim. Caste-wise distributions show that 14–20% of youth belonged to general castes, 20–21% to scheduled castes and 58–64% to other backward castes. About four in five youth reported that both parents were surviving. For those with just one parent surviving, this parent was more likely to be the mother (9–10%) than the father (5–6%). Finally, 1–2% reported that neither parent was alive.

Education

While youth were better educated than the population at large in Bihar, schooling was far from universal among them. As many as one in six young men and half of young women had never attended school. Findings show, moreover, that young women in rural areas and married young women in general were particularly disadvantaged; over half of rural young women and almost two-thirds of married young women had never been to school. Leading reasons for never attending school among young men and women were economic (child required for work on the family farm/business or for outside wage earning work, or the family could not afford school-related expenses) and attitudes and perceptions (such as, that education was not necessary or that children were not interested). Housework-related reasons (required for care of siblings or housework) were additionally an important reason inhibiting young women from being enrolled in school.

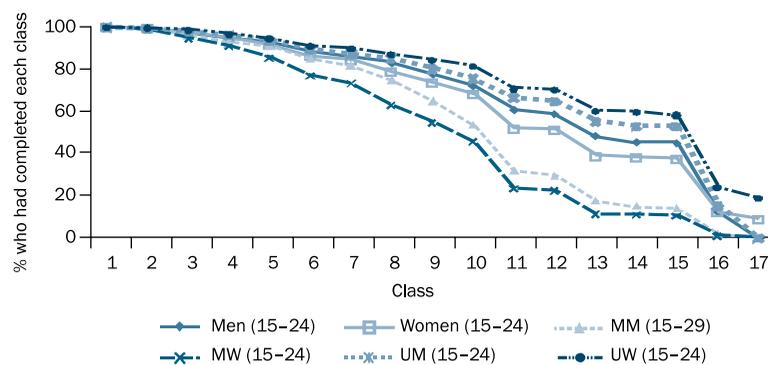
Not only was school enrolment limited, but school completion rates were also low among young people. Findings show that of those who had completed Class 1, declines in class completion took place as early as Class 3; only 95% and 93% of young men and women, respectively, who had completed one year of

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

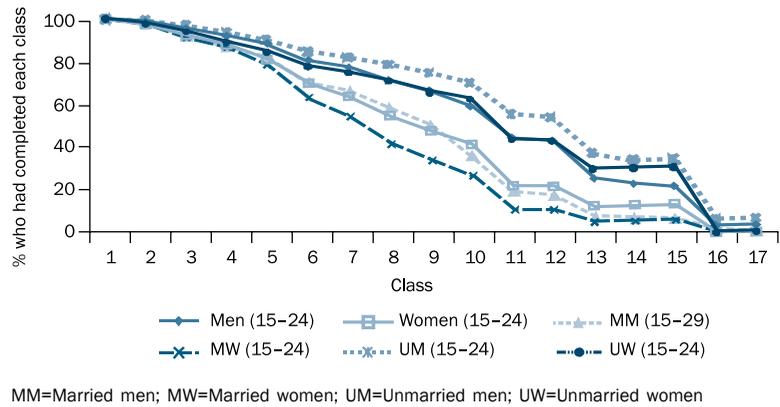


MM=Married men; MW=Married women; UM=Unmarried men; UW=Unmarried women



schooling had gone on to complete Class 3. Declines in class completion became progressively steeper as the level of schooling increased, with differences between young men and women widening as the level of schooling increased. For example, notable declines occurred between Classes 5 and 6, suggesting that many youth discontinued their education even without completing elementary education. Indeed, just 30% of young men and 13% of young women had completed high school in the state.

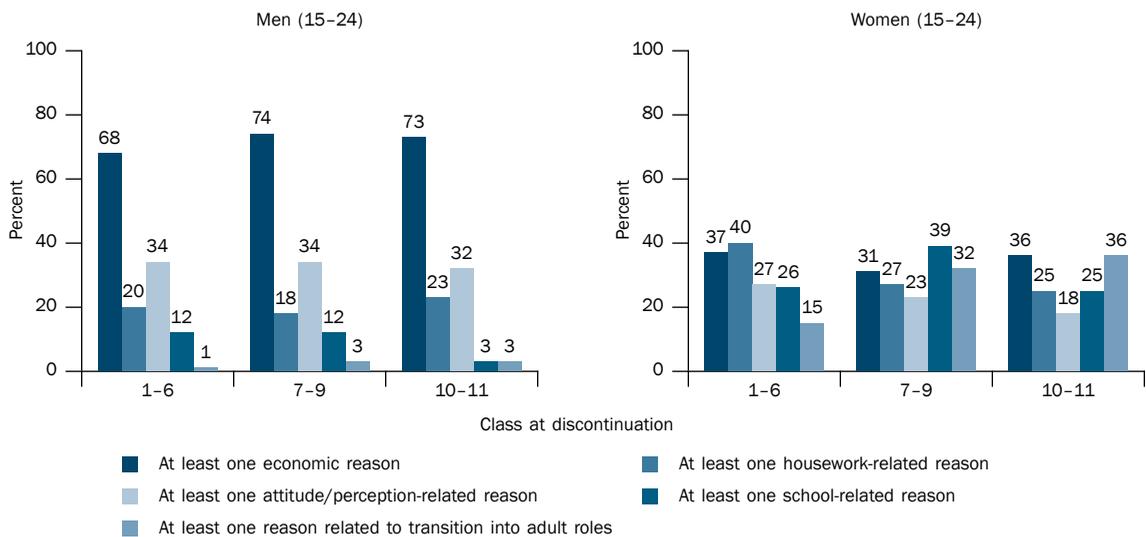
Cumulative percentage of youth who had completed each year of education (Classes 1 to 17), Bihar (rural), 2007



What is notable is that, at the time of interview, over half of unmarried young men and fewer than half of unmarried young women (and very few married) were still in school or college.

Economic issues and negative attitudes and perceptions about the importance or relevance of education were leading reasons for discontinuation, irrespective of the level at which schooling was discontinued. Among young women, such factors as school-related factors (academic failure, distance to school, poor school quality and infrastructure) and housework responsibilities were also leading factors behind discontinuation at all levels, and transition to adult roles became increasingly important reasons as the level at which schooling was discontinued increased.

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



Of note, particularly, is that almost one in four and two in five married young women who discontinued schooling at primary and high school levels, respectively, reported doing so in order to marry.

The gender divide observed in school enrolment, attendance and reasons for discontinuation was evident even in the type of educational facility that youth 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. Similar gender differences were evident in terms of additional investment in schooling made, particularly in terms of private tuition; for example, more young men than women reported that they had taken private tuition, especially among those who were attending a school/college at the time of the interview.

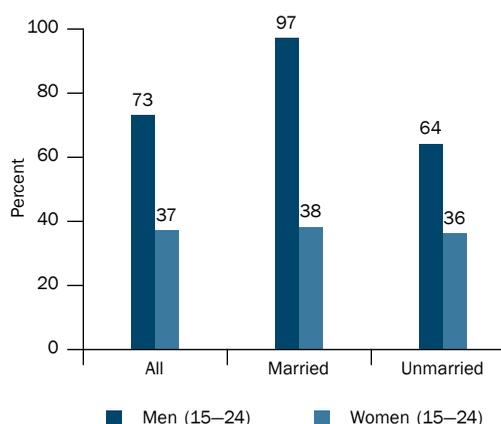
The majority of youth at all levels attended government schools or colleges. Moreover, no apparent gender differences were observed in terms of the type of school—government or private—in which youth were enrolled.

Findings also show that amenities available within the educational facility attended differed vastly between youth who were still in school and those who had discontinued their education. For example, youth still studying were more likely to report the availability of water, toilets, playgrounds and libraries than were those who had discontinued. Schooling experiences also differed somewhat among those who had discontinued schooling and those who were studying at the time of the interview. While regular attendance did not differ much, youth who were continuing their education were considerably more likely to report private tuition, somewhat less likely to perceive academic workload to be heavy and more likely to have passed the last examination for which they had appeared.

Work

Work profiles suggest that three-quarters of young men and about one-half of young women had ever engaged in paid or unpaid work. Indeed, almost all married young men and two-thirds of unmarried young men had done so, compared with over half and about two-fifths of married and unmarried young women, respectively. Likewise, larger proportions of youth in rural than urban areas had ever worked. While the majority of youth were engaged in paid work, considerable proportions of young men (38%) and women (25%) reported unpaid work on the family farm or business. Economic activity was often initiated at an early age: over one in three young men and women reported initiating work as children (before age 15). Data on work participation in the 12 months prior to the interview indicate that the majority

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

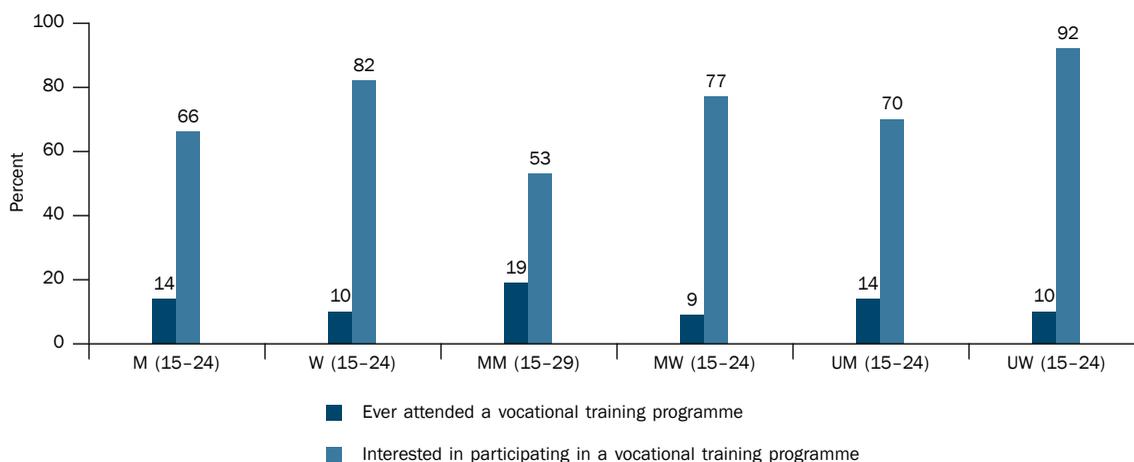


of young men (64% of the unmarried and 97% of the married) and a substantial proportion of young women (36% and 38%, respectively) had engaged in paid or unpaid work at some point in the 12 months preceding the survey. The majority of young men (64%) who worked in the year prior to the interview had done so for the major part (at least six months) of the year. In contrast among young women, over two-fifths had done so.

Findings also show substantial levels of unemployment among young men (22%) and women (36%). Unemployment tended to be considerably higher among unmarried than married young men; but roughly similar among married and unmarried young women. Findings also indicate that unemployment was particularly high among young women in urban areas, particularly the married. Unemployment was also exceptionally high among the educated and economically better off.

Youth were clearly interested in acquiring skills that would enable employment generation; two in three young men and four in five young women reported interest in vocational skills training. Although more unmarried than married youth expressed interest in attending vocational training programmes, it is notable that over half of married men and three-quarters of married women were interested in developing vocational skills. However, far fewer—just 14% of young men and 9% of 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, Bihar, 2007



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

Media exposure

Large proportions of youth were exposed to the media, typically newspapers, magazines or books (89% of young men and 81% of young women with five or more years of education), films (89% of all young men and 59% of all young women) and television (78% of all young men and 48% of all young women). Exposure to the internet was reported by many fewer (6% of young men and 3% of young women with five or more years of education).

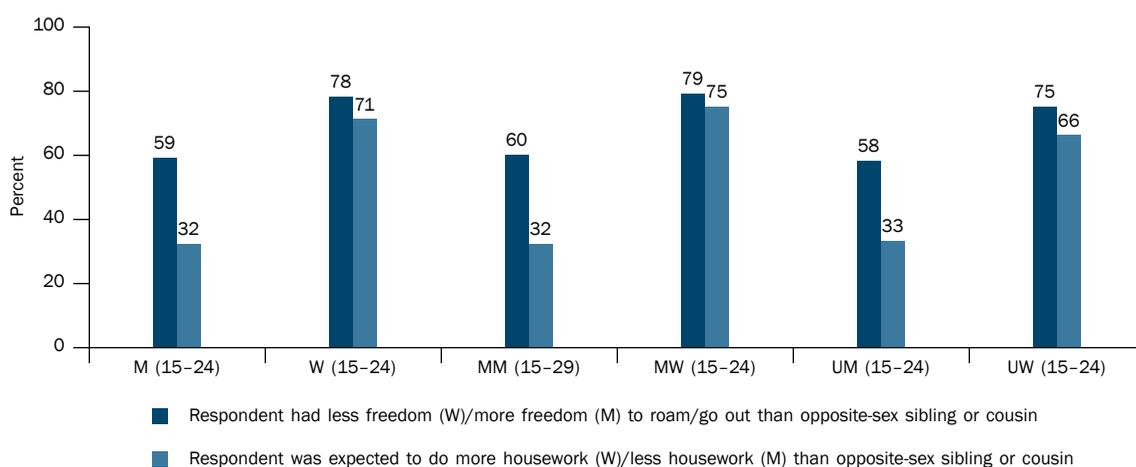


Findings also suggest that one in four young men and 4% of young women watched pornographic films, and of these, about two-fifths reported having viewed such films sometimes or frequently. One in five young men and 6% of young women accessed pornographic books and magazines, and of these, one-third of young men and half of young women reported that they accessed these materials sometimes or frequently. Of those exposed to the internet, one in three young men and one in ten young women had accessed pornographic materials on the internet. Finally, between half and three-fifths of young men and women acknowledged the influence that media have on youth behaviours.

Socialisation experiences and communication with parents

Findings suggest the gendered nature of socialisation of youth. For example, responses from both young men and women indicate that unequal gender norms regarding freedom of movement prevailed in most study households, with three-fifths of young men acknowledging that they had more freedom to go out than their sisters or female cousins did, and almost four-fifths of young women agreeing that they had less freedom to go out than their brothers or male cousins. Moreover, although most young men's responses to questions related to housework expectations suggest a gender equal socialisation experience, it is notable that about three-quarters of young women reported that they were expected to do more housework than their brothers or male cousins. Likewise, while parents appeared to control both young men's and women's social interactions, particularly those involving members of the opposite sex, young women were more likely than young men to experience such restrictions. For example, 79–80% of young men and 97% of young women reported expecting parental disapproval if they brought an opposite-sex friend to their home.

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



Nonetheless, it is notable that while young women were brought up with more restrictions, parents appeared to place considerable restrictions on young men's interactions as well, including with same-sex peers.

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 was far from universal. Moreover, sensitive topics—such as romantic relationships, reproduction and contraception, among all youth, and even adolescent body change 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 non-sensitive topics such as taking a job, they were rarely cited as leading confidantes on more sensitive matters. While young women identified their mothers 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*. And 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. One in five youth had observed their fathers beating their mothers. Many respondents reported experiencing beating by a parent during adolescence; over half of young men and 11% 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. Opposite-sex peer networks were less common but nonetheless reported by 16% of young men and 5% of young women. Interaction with friends tended to be restricted to activities such as chatting and engaging in sports, although young men did tend to report studying and going on picnics or to films. Indeed, findings suggest that youth derived an important measure of support from their peer networks on sensitive 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 roles

Findings clearly highlight young women's extremely 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 about two in three young women had the freedom to visit locations within their own village



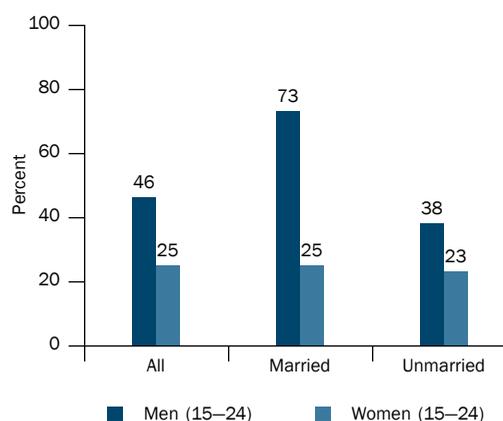
or neighbourhood unescorted. Moreover, just one in ten young women reported having the freedom to visit at least one place outside the village or neighbourhood and a health facility unescorted. Access to and control over financial resources tended to be limited among young women; just over two in five reported some savings and one in twenty owned a bank or post office savings account. Of those who owned an account, about two-fifths operated it themselves.

Also notable from the findings is the striking gender divide in all these dimensions of young people's agency. Young women were far more disadvantaged than young men in terms of decision-making autonomy and mobility. Likewise, although young women were more likely than young men to have money saved (44% and 20%, respectively), they were less likely than young men to own a bank or post office savings account (5% and 11%) and to operate these accounts themselves (38% and 77% of those who had an account).

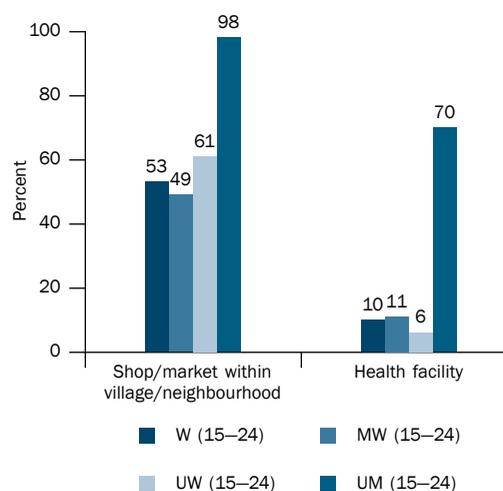
While young men were clearly not as disadvantaged as young women, findings indicate that many young men were unable to exercise agency in their everyday lives. For example, only 46% of young men reported independent decision-making on all three issues explored in the survey. Similarly, young men's mobility was far from universal; for example, just 48–56% unmarried young men were allowed to visit a place of entertainment or to attend a programme conducted outside their village or neighbourhood unescorted, and two in three were allowed to visit a health facility unescorted.

Although over two-fifths of young men and about three-fifths of young 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, Bihar, 2007



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

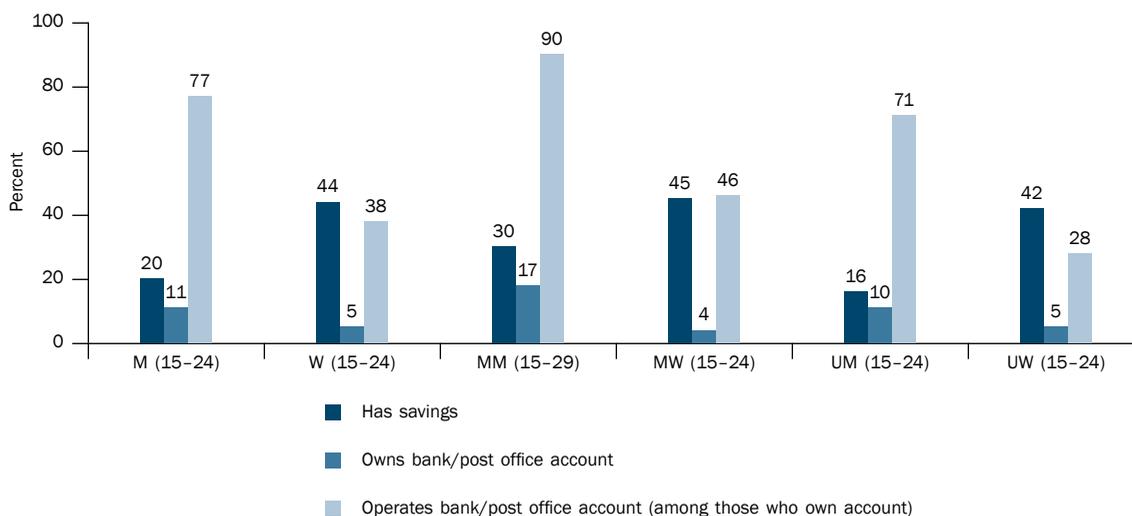


W=Women; MW=Married women; UM=Unmarried men; UW=Unmarried women

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

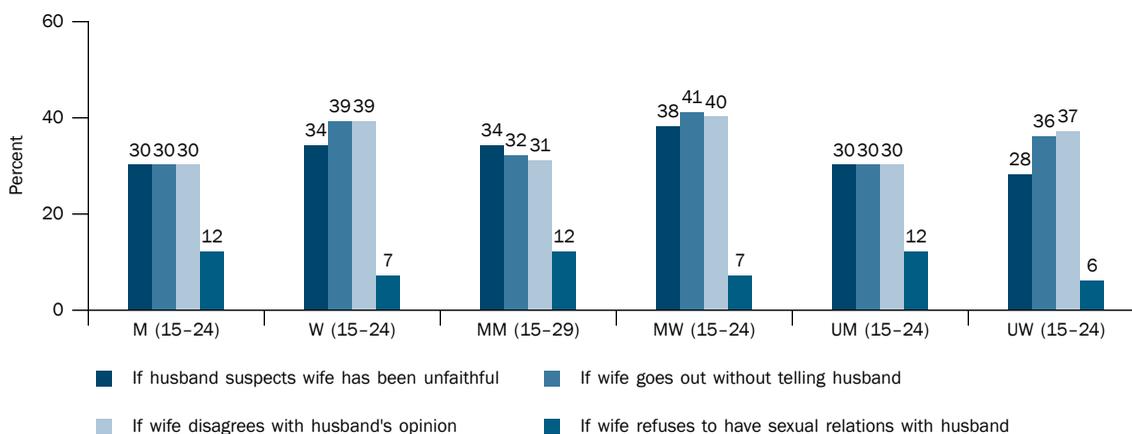


Percentage of youth who reported having any savings, owning an account in a bank or post office and operating the account themselves, Bihar, 2007



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, Bihar, 2007



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

Awareness of sexual and reproductive health matters

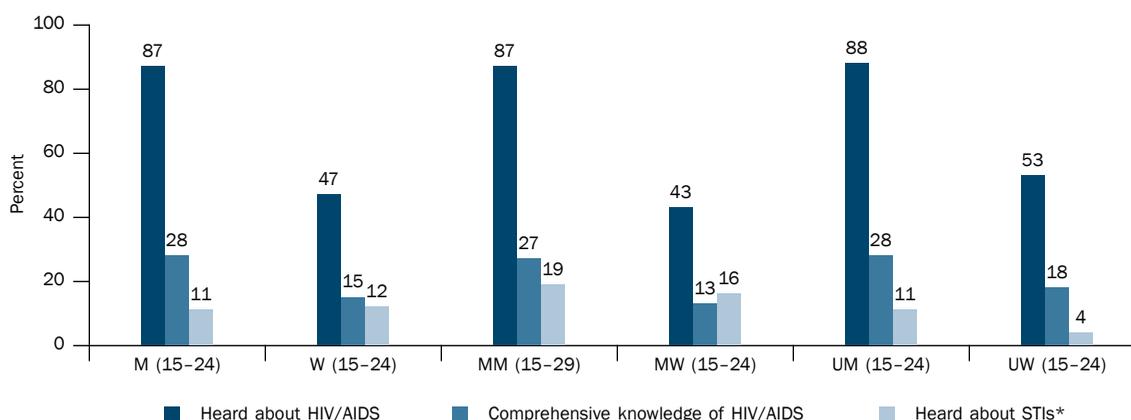
Findings underscore young people's extremely limited awareness of most sexual and reproductive matters, ranging from how pregnancy occurs to contraception, HIV and safe sex practices. For example, just 27–33% of youth were even aware that a woman can get pregnant at first sex. Just 87% of young men and 47% of young women had ever heard of HIV/AIDS and many fewer—11–12% of youth—reported awareness of STIs other than HIV/AIDS. Even on topics about



which young people were generally aware, awareness was far from universal. For example, only 72% of young men and 58% of young women knew that 18 years was the legal minimum age at marriage for females. Findings also show that misconceptions about sexual and reproductive health topics were common. For example, two in five youth believed that a woman has to bleed at first sexual intercourse. Likewise, 5–9% of youth reported that condoms can disappear into the woman’s body and 62–66% of youth reported that they were unsure about the issue.

Findings, moreover, show that in-depth understanding was limited even on topics about which young people were generally aware. For example, while 93–99% 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 just 62% and 26% of young men and 30% and 48% of young women, respectively. Likewise, while 87% of young men and 47% of young women had heard of HIV, only 28% of young men and 15% of young women were fully aware of HIV and its transmission routes.

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



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

Note: *Other than HIV.

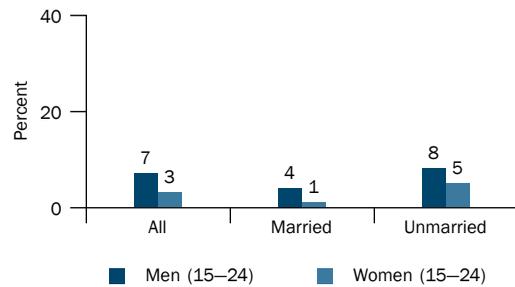
Not surprisingly, youth reported few reliable sources of information about sexual matters or contraception. Indeed, 16% of young men and 44% of young women reported that they had never received any information on sexual matters (prior to marriage among the married). Friends and the media were leading sources of information on both issues for both young men and women. Neither of these is necessarily a reliable source of information. For young women, in addition, family members were a leading source of information; they were rarely cited as a source of information by young men. Fewer than 6% of unmarried and hardly any married youth cited teachers as sources of information on sexual matters or contraception. Health care providers were important sources of information on contraception just for married young men; they were far less likely to have provided information to the unmarried and even to married young women. In short, health care providers, teachers and family members—often assumed to be a



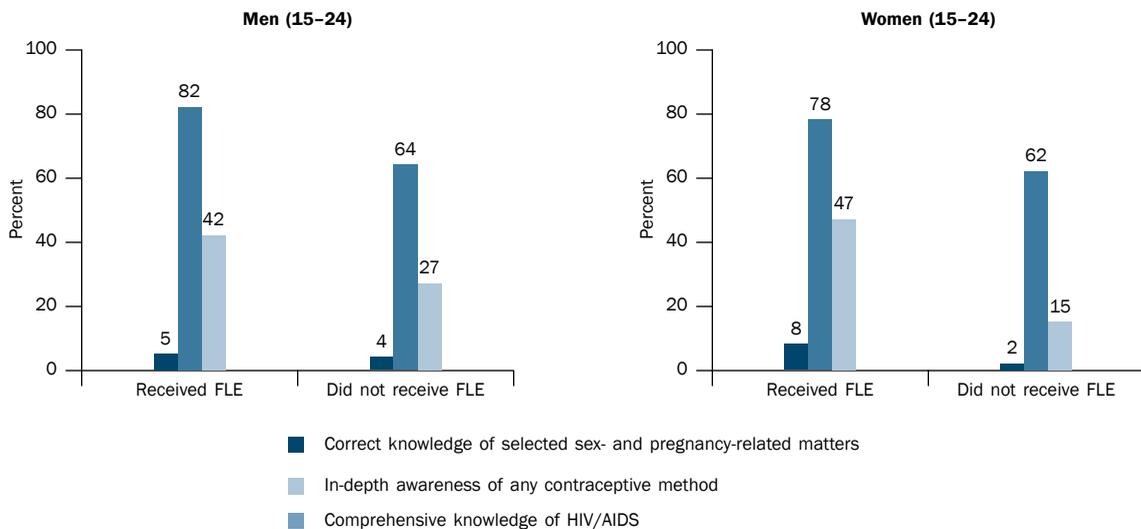
more reliable source of information than peers or the media—were infrequently and inconsistently cited as sources of information on sensitive topics such as sexual matters and contraception by young people.

Few youth had attended family life or sex education programmes either in or outside the school setting—just 7% of young men and 3% of young women. 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, teacher and so on), young women preferred to obtain this education from parents or siblings. 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, Bihar, 2007



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, Bihar, 2007



Note: FLE: Family life or sex education.

Pre-marital romantic relations

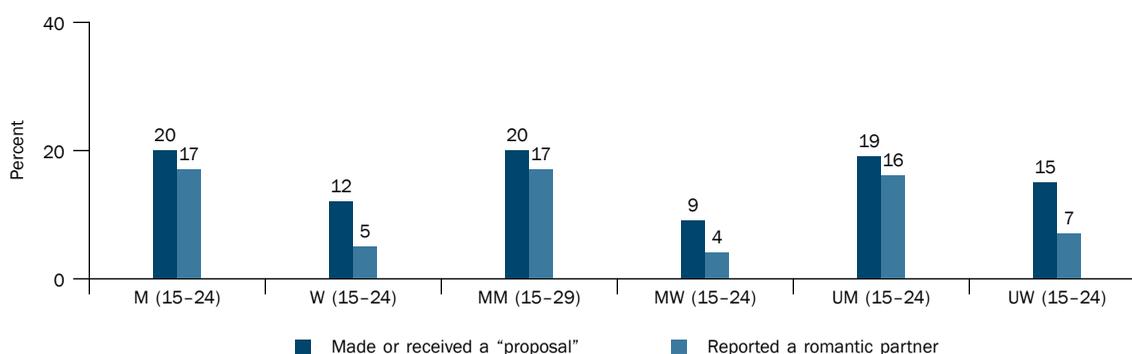
Findings confirm that despite norms prohibiting pre-marital opposite-sex mixing, opportunities do exist for the formation of pre-marital romantic relations. Indeed, significant minorities of young men and women had received or made a “proposal” for a romantic relationship (20% of young men and 12% of young women), and had been involved in a romantic partnership (17% of



young men and 5% of young women). Patterns of pre-marital romantic partnerships suggest that where partnerships occurred, they were initiated at an early age and were usually hidden from parents but not from peers. Notable disparities in expectations of a longer-term commitment emerged that show that young women were considerably more likely than young men to have expected a romantic relationship to lead to marriage. However, the experiences of the married suggest a disconnect between intentions and reality: while 47% and 84% of married young men and women, respectively, reported the intention to marry their pre-marital partner, just 4% of young men and 38% of young women had done so.

There was a clear progression in reported physical intimacy and sexual experience with romantic partners. For example, while 87% of young men had held hands with a romantic partner, two-fifths had engaged in sexual relations. Among young women, while 70% had held hands with a romantic partner, almost one-third had engaged in sexual relations with this partner. Partner communication and negotiation regarding safe sex were rare, and the vast majority had engaged in unprotected sex. Over one in five 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, Bihar, 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

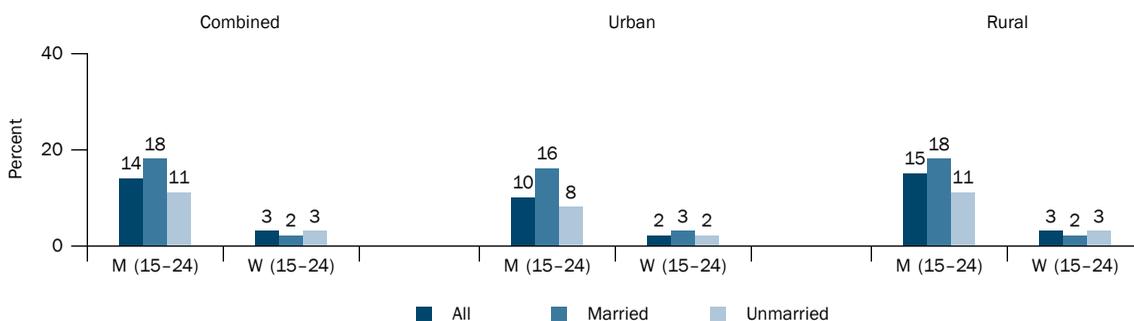
One in seven (14%) young men and 3% of young women reported the experience of pre-marital sex within romantic and/or other partnerships. In general, first pre-marital sex took place earlier among young men than young women, and among rural than urban youth. Moreover, initiation into pre-marital sexual activity increased as young people transitioned from early to 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, sex workers, married women and casual partners. Many of the pre-marital sexual experiences reported by youth were risky, for example, one-fifth of young men and one-quarter of young women reporting pre-marital sex had engaged in sex with more than one partner. Moreover, consistent condom use was extremely limited—only 6% of young men and 2% of young women reported condom use in all pre-marital encounters reported.

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



M=Men; W=Women

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, direct questioning supplemented by self-reporting in an anonymous format provided considerably higher estimates of sexual experience among young men than did face-to-face questioning alone or anonymous third-party reporting of peer behaviours among young men. However among young women, anonymous third-party reporting provided slightly higher estimates than self-reports.

Transition to marriage and early married life

Findings indicate that while most young men preferred to marry in young adulthood, almost one-quarter of young women preferred to marry before 18 years and as many as three-fifths preferred to marry before age 20, indicating an adherence to social norms around early marriage even by youth. Reiterating the fact that early marriage continues to characterise the lives of many young women and to a certain extent the lives of young men as well, findings show that as many as 46% of young women aged 20–24 years were married before age 15, 77% before age 18 and 87% before age 20. Even though early marriage was less prevalent among young men, 13% of those aged 20–24 years were married before age 18 and 31% before age 20.

Not only did marriage occur at young ages but it was also often arranged without the participation of the young people themselves, particularly young women. Almost all youth reported arranged marriages. As many as one in ten young men and over two in five young women reported that their parents did not seek their approval while determining their marriage partners. Hence, not surprisingly, reported pre-marital acquaintance was extremely limited. Just 4–7% of youth

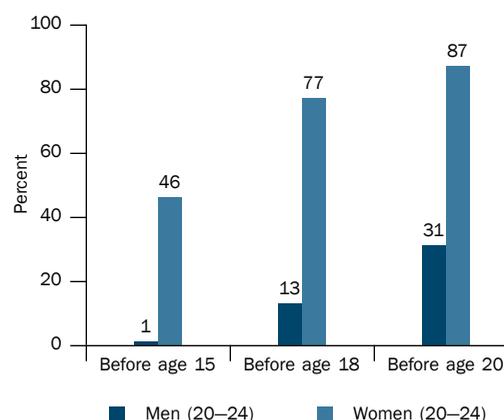


reported that they had ever had a chance to meet and interact with their spouse-to-be alone prior to marriage. Over 90% of married youth reported that they had met their spouses for the first time on the wedding day. Compounding the lack of pre-marital acquaintance was the lack of awareness of what to expect of married life, reported by over three-fifths of young men and four-fifths of young women.

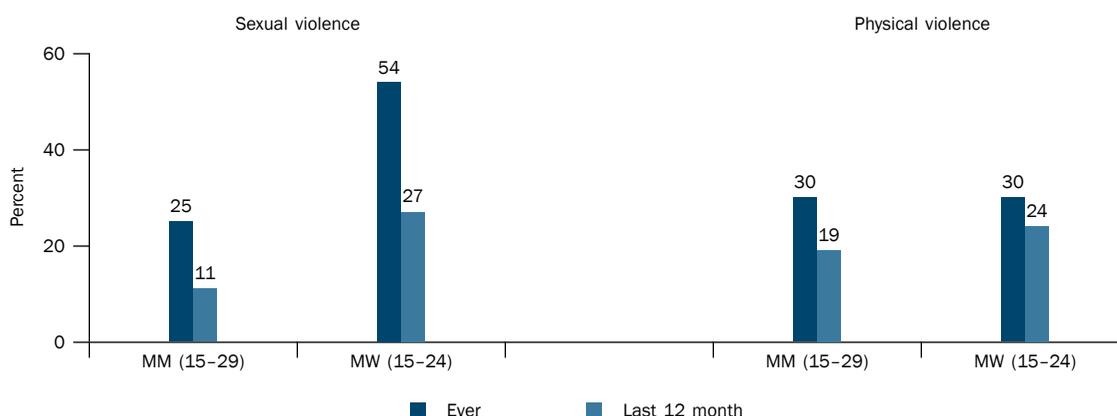
Dowry characterised the marriages of two-thirds of young men and women, in spite of the existence of laws against dowry. Findings also show that families of urban youth appeared no less likely to conform to traditional practices, such as payment of dowry, than their rural counterparts.

Reports of marital life suggest that although spousal communication was reported on several issues, it was far from universal, and that marital life was marked by violence for large proportions of women. For example, couple communication on most topics was reported by over three in four young men and women, yet communication on contraceptive use was reported by somewhat fewer (72% of young women and 38% of 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. For example, 30% of young women reported that they had ever faced violence perpetrated by the husband and a similar percentage of young men reported perpetrating violence on their wives. Recent violence was likewise reported by one-quarter of young women and one-fifth of young men. Sexual violence was widespread. Indeed, 49% of young women reported that their first sexual experience within marriage had been forced.

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



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



MM=Married men; MW=Married women



Overall, over half of young women (54%) reported ever being forced to engage in sex with their husbands; as many as one in four young men reported forcing their wives to engage in sex. Recent sexual violence was reported by one in four young women and one in ten young men.

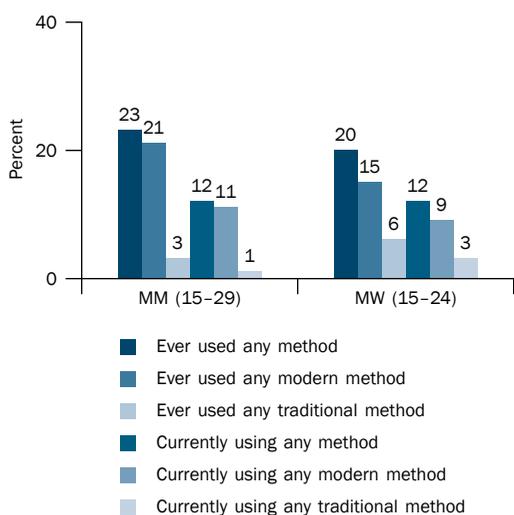
While the Youth Study did not explore extra-marital sexual experiences in detail, the available data indicate that 4% of young men reported an extra-marital sexual encounter. In contrast, hardly any young women reported an extra-marital sexual encounter.

Contraceptive practice and pregnancy experience

Contraceptive use at any time within marriage was limited, reported by 23% of young men and 20% of young women. Moreover, just 12% of young men and women reported current use of contraception. Among contraceptive methods currently used, condoms and female sterilisation were most likely to be reported. Few young people practised contraception to delay the first birth—just 8% of young men and 4% of young women. Not surprisingly, pregnancy typically occurred within a year of marriage for almost two-fifths of young women and half of young men who reported that they or their wives had been pregnant at least once. Moreover, large proportions of youth reported experiencing unintended pregnancy. For example, of those women who were not pregnant at the time of the interview and of those men whose wives were not pregnant at the time of the interview, 33% of young women and 23% of young men reported that the last pregnancy was mistimed or unwanted.

Circumstances of the first birth suggest that institutional delivery and skilled attendance at delivery were extremely limited: only 23–25% of first births were delivered institutionally and 35–42% reported delivery by a skilled attendant.

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



MM=Married men; MW=Married women

Findings also show that although most youth wanted one child of each sex, son preference was evident. Over one-third of young men and over two-fifths of young women preferred to have more sons than daughters. In contrast, just 2–4% preferred to have more daughters than sons.

Substance use

Findings show that substantial proportions of young men reported the consumption of tobacco and alcohol; two-fifths of young men reported tobacco consumption and one-sixth reported alcohol consumption. Drug use was reported by less than 2% of young men. Few young women reported that they consumed any of these substances.



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. Over one-quarter of youth had experienced high fever, and 8% of young men and 22% of young women reported the experience of symptoms of genital infection in the three months preceding the interview. Moreover, 11% of young women reported menstrual problems; at the same time, one-fifth of young men reported anxiety about nocturnal emission. Finally, responses indicative of mental disorders were reported by 16% of young men and 9% of young women.

As far as care seeking for general and sexual and reproductive health problems was concerned, patterns varied by type of problem. While the large majority of those experiencing high fever sought care, many fewer sought care for sexual and reproductive health problems. Findings also show that care seeking for health problems tended to be more limited among young women than men, irrespective of the type of problem experienced. Of those who sought treatment, the majority sought advice or treatment from a private facility or provider, irrespective of the type of problem. However, it is notable that over one-quarter of youth who sought care for genital infections or menstrual problems used home remedies or the services of traditional or untrained providers. In the case of anxiety about nocturnal emission, the majority of young men preferred to seek advice from peers.

Findings suggest that youth were uncomfortable about seeking sexual and reproductive health services. For example, many youth—more women than men—reported that they would indeed find it difficult to approach a health care provider or a pharmacy/medical shop for contraceptives.

Finally, small minorities (1–2%) reported that they had undergone HIV testing. Youth were, however, overwhelmingly in favour of pre-marital HIV testing.

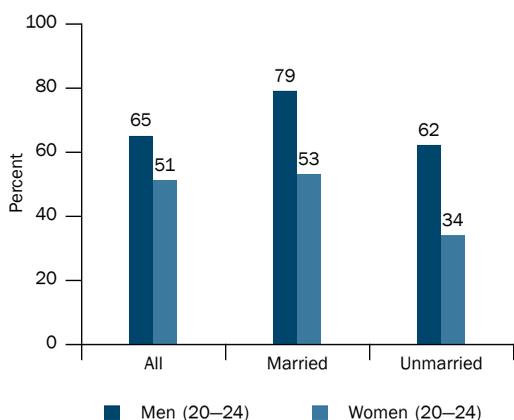
Participation in civil society and political life

Findings highlight extremely limited participation by youth in civil society. Although a number of programmes are held to build youth skills, very few youth (8–15%) reported familiarity with either government or NGO-sponsored programmes organised at the community level in which youth could participate. Even fewer youth—7% of young men and 2% of young women—reported participating in any such programme. Almost one-quarter of young men (23%) and 4% of young women reported that they had participated in community-sponsored programmes such as cleanliness drives, celebration of festivals and national days, and so on. Finally, just 8% of young men and 2% of young women reported membership in organised groups.

Participation in political processes was also far from universal. Among those eligible to vote, 65% of young men and 51% of young women had cast their votes in the most recent election. Four-fifths of youth perceived that one could vote freely and without fear and pressure. However, large proportions of youth, particularly young men—69% of young men and 35% of



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



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 mixed freely with individuals of different religions and castes. However, only 64% of young men and 38% of young women would eat together with a person of a different caste or religion, just 35% of young men and 46% of young women would talk to a person who has had an inter-caste marriage and only 32% of young men and 42% of young women agreed that it was best to tolerate rather than punish someone who had shown disrespect towards 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 villages or urban neighbourhoods; one in seven young men and 4% 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 the leading problems facing youth varied enormously by sex. Among young men, the majority reported difficulty in finding employment as the leading problem, followed by concerns about poverty, lack of educational opportunities and lack of amenities or infrastructure. In contrast, the leading problem expressed by young women was lack of amenities and infrastructure, and to a lesser extent, poverty, lack of opportunities for education and difficulty in finding employment.

Recommendations for programmes

Findings presented above underscore the fact that youth face numerous challenges while making the transition to adulthood. These challenges call for multiple areas for programme intervention at the youth, family and service delivery levels. Key recommendations emerging from the present study are outlined below.

Strengthen efforts to achieve universal school enrolment and at least primary school completion

Youth Study findings that primary school enrolment is far from universal even among the youth cohort call for concerted efforts to achieve universal enrolment of children in school. Moreover, findings suggesting substantial declines in school attendance even at the primary level and



relatively low rates of primary school completion emphasize in no uncertain terms that rigorous efforts are needed in order that the state meets the Millennium Development Goal of ensuring universal primary school completion.

While achieving universal enrolment and primary school attainment are key shorter-term 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.

A number of factors have been identified in the Youth Study that inhibit school enrolment and primary school completion; leading among these are economic reasons, attitudes and perceptions of youth and their parents, as well as housework responsibilities among young women. 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 in the first place or 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 towards education and school completion, raise aspirations for the education of their children and encourage greater parental involvement in their children's education.

Activities must also address school-level barriers, notably, distance to school, poor infrastructure and poor quality of education, significant motivating factors behind discontinuation particularly among young women. The state government has launched some schemes to address some of these barriers (see for example the bicycle scheme for girls); it is important that the effectiveness of such 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 that provide opportunities for those in school to gain market-driven job skills and also expand young people's aspirations regarding their education and careers. Moreover, investments are needed that focus on providing better training and ensuring accountability for teachers and thereby improving the quality of the schooling experience. Finally, given the large proportions reporting that schooling had been interrupted because they were required for work on the family farm or business or for housework, and given the reality of young people's lives and the economic pressures on families, efforts need to be made to adjust school timings, including establishment of evening schools to enable children to accommodate work on the family farm or business without sacrificing their education.

Findings indicating transition to adult roles, particularly early marriage, as an important reason for school discontinuation—even as early as primary school—among girls, emphasise the fact that programmatic 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.



The stark gender divide and rural-urban divide observed in school enrolment and attendance call for efforts that specifically target female children and rural children in general. Moreover, findings suggest that married young women remain considerably disadvantaged. 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.

Findings have pointed to the effective unemployability of youth. For example, few youth had completed primary or high school and even fewer had attended a single vocational training programme. Moreover, considerable proportions of youth, particularly the educated, were unemployed. Clearly, the state must strengthen significantly its investments in programmes to enable youth to make successful transitions into work roles, including provision of soft loans for youth to set up their own enterprises. At the same time, efforts are needed that evaluate existing programmes, upscale successful models and raise awareness among youth about their availability. While enhancing employability will depend to a considerable degree on improvements in educational attainment discussed above, it will also require greater investment in enabling youth to acquire vocational skills. Formal mechanisms must be developed that provide opportunities to youth to acquire vocational skills for which there is an established market demand, and that link eligible youth to market opportunities. These efforts, through various livelihood schemes, must promote self-employment and entrepreneurship among young people.

Findings also suggest the need for a special focus on young women. Significant proportions of young women currently engaged in economic activities had done so only part-time and worked largely in agricultural activities. In addition, many young women were seeking employment at the time of the interview. These findings highlight the need for specially targeted programmes for young women.

Promote youth agency and gender equitable norms among youth

Findings presented in this report highlight the persistence of gender double standards and extremely limited agency of young women. Stark gender differences were evident in school enrolment, attendance and completion, participation in the labour market, exposure to mass media, parental control of adolescent's mobility and interactions with peers, exercise of choice in matters affecting young people's lives, freedom of movement and access to resources. Gender equitable norms were not universally expressed; young women were more likely to express equitable gender role attitudes than young men, but were also more likely than young men to justify 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 educational, labour and health systems.



A programme 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 abilities in problems-solving, decision-making, communication and inter-personal relations and negotiations. 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 indicate that inequalitarian gender role attitudes were expressed by many young men. Moreover, while young men were clearly not as disadvantaged as young women, findings indicate that many young men were not able to exercise agency in their everyday lives. These findings call for life skills education programmes for young men that promote new concepts of masculinity and femininity among youth 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, 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 should be reviewed and replicated or scaled up as appropriate.

Provide opportunities for formal saving, especially for young women

Findings suggest that while young women were more likely than young men to report savings, few youth, irrespective of sex, owned a savings account. Among those who did own an account, young women were 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 life are limited and secular attitudes are 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 among youth, both for those in school and those who have discontinued their education. Findings demonstrate extremely 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. And knowledge of STIs is far more limited than knowledge of HIV/AIDS. Where awareness of sexual and reproductive health matters exists, it is typically superficial.

Youth themselves have called for family life or sex education. Findings highlight that large proportions recognised the need for information on these issues, and indicated a preference for receiving this education from teachers, health care providers or parents. However, few young people had been exposed to family life or sex education. Substantial proportions of married young women and young men reported entering marriage completely unaware of what it entailed. At the same time, substantial minorities of young people had engaged in sexual risk taking.

There is clearly a pressing rationale for school-based family life or sex education for those in school and community-based expert-led education for those out of school. These programmes should be age-appropriate and provide information on sexual and reproductive matters and sexual and reproductive rights; about pregnancy as well as the causes, transmission routes and prevention of infection. However, they 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 view of the finding that the media are a major source of sexual and reproductive health information for youth, efforts must be made, at the same time, for communications initiatives that inform while entertaining youth about sexual and reproductive matters.

In addition, special attention needs to be paid to the training of trainers. Considerable proportions of youth who reported having received formal family life or sex education reported feeling uncomfortable or embarrassed in the course of family life or sex education. These findings raise questions about the extent to which they were indeed able to participate freely and clarify their doubts and at the same time, about the ability of trainers to connect with youth to whom they provided this education. Such findings clearly highlight the need for improving 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 about communicating with youth on sensitive sexual and reproductive matters, that dispels their misconceptions on these matters, and that enhances their technical knowledge on sexual and reproductive issues.

Ensure that the transition to sexual life is safe and wanted

While for the vast majority of young women and men sexual activity is initiated within the context of marriage, findings show that significant minorities of youth, particularly young



men had engaged in sex before marriage. As documented in this report, many youth had initiated sexual activity uninformed, which reiterates the need for providing family life or sex education to young people. Moreover, findings that for many, 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.

Intensify efforts to eliminate the practice of early marriage

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

There is clearly a need for an intensified, 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. Strategies intended to evolve new norms and new practices should both actively engage influential persons in the community including religious and political leaders as well as implement campaigns highlighting the adverse consequences of early marriage, and how it is a violation of the rights of the child. Community mobilization 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 for violators. Allowing anonymous reporting, working with the police and others to make clear that the practice of early marriage is not a minor violation, and making guidelines for penalties clear and transparent are some possible steps.

Efforts to delay marriage also require providing girls with meaningful and viable alternatives to early 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 work. Working with the education sector to make schooling for girls more accessible, and to make classrooms more 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 make efforts to provide livelihoods training, within or 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 encourage parents to involve children in marriage-related decisions and enable them to interact with their prospective spouses prior to the wedding day.



Parents must also be made aware of the physical and mental health dangers 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 on the multiple vulnerabilities faced by married young women underscore the need for programmes that support them, 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 husbands, and notable proportions have suffered physical and sexual violence perpetrated by their husbands.

Efforts are needed that address the health and empowerment needs of married young women and enable them to have greater control over resources. Also needed are efforts to break down the social isolation of newly married young women, encourage couple communication and build negotiation and conflict management skills early in marriage. Intervention models that have attempted to address these needs exist in India; these should be reviewed and up-scaled as appropriate so that married young women have the 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 have delayed the first pregnancy was expressed by large proportions of young men and women, 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 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 limited mobility of married young women to seek health care underscores the need for health workers to seek these women—particularly those newly married and first time pregnant—in their homes.

Findings also underscore that access to maternal health services was limited, even at the time of the first—and often the most risky—pregnancy. Just one in four first births took place in a



health facility; moreover, skilled attendance at first delivery was reported by just one in three young women and two in five young men. These findings highlight that reproductive and child health programmes in the state need to lay emphasis on increasing demand as well as improving the availability of such services to 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 have not reached youth. Few youth were aware of sources of sexual and reproductive health information or contraceptive supplies, few had sought care for symptoms of STI or gynaecological problems, and most of those who had sought care for the latter preferred private to public sector facilities. Moreover, findings suggest that many youth, including the married, would indeed find it difficult to seek appropriate care for sexual and reproductive matters.

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 newly-weds. Programmes must be inclusive of unmarried 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 unmarried 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.

Findings that very few youth sought care for health problems and that those who sought care preferred to seek care from the private sector and traditional providers rather than the public sector, suggest the need to explore the feasibility of implementing various demand side financing strategies, for example, health insurance, competitive voucher schemes and community financing schemes, in enabling youth to obtain quality care from a wider array of providers.



In addition, there is a great need for mental health issues 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 Bihar. 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 efforts.

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 completion of at least a primary education, 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, access to information and access to services in young people's lives, and the ways in which these may 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 courses at later ages.

Operations research is also needed. While there are a number of interventions intended to address the needs of youth—for example, addressing the needs of married girls, changing 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 rigorously designed and 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 Bihar. 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 Bihar 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: Bihar

Key indicators	Men (15-24)		Women (15-24)		Men (15-24)		Women (15-24)		Men (15-24)		Women (15-24)	
	Combined				Urban				Rural			
	1,942	5,529	1,039	2,581	903	2,948						
Number of respondents												
Socio-demographic profile												
1.	Completed 7 years of schooling (%)	30.2	24.9	17.9	21.5	32.3	25.3					
2.	Not in school at age 12 (%)	23.4	57.4	16.1	27.7	24.7	61.3					
3.	Engaged in paid and/or unpaid work in last 12 months (%)	72.7	36.8	58.8	15.1	75.0	39.6					
4.	Engaged in paid work in last 12 months (%)	58.9	27.1	52.3	10.4	59.9	29.3					
5.	Unemployment rate (as % of labour force)	22.4	35.7	21.7	58.3	22.7	33.7					
6.	Mother discussed reproductive processes with respondent (%)	0.1	3.0	0.4	3.7	0.0	2.9					
7.	Father discussed reproductive processes with respondent (%)	0.2	0.0	0.4	0.0	0.2	0.0					
8.	Talked to mother about friends (%)	55.4	67.9	60.5	80.0	54.6	66.3					
9.	Talked to father about friends (%)	55.0	23.3	59.2	40.1	54.3	21.1					
Young people's control over their own lives												
10.	Had a bank account (%)	19.5	44.3	23.7	56.4	18.8	42.8					
11.	Took independent decisions about buying clothes (%)	53.1	29.7	63.8	46.2	51.3	27.6					
12.	Allowed to visit friends within village/ neighbourhood unescorted (%)	N.A.	56.8	N.A.	65.0	N.A.	55.7					
13.	Allowed to visit health facility unescorted (%)	N.A.	9.5	N.A.	13.7	N.A.	8.9					
Sexual and reproductive health knowledge												
14.	Correct knowledge of legal minimum age at marriage for females (%)	71.7	58.1	77.8	78.6	70.7	55.5					
15.	Aware that a woman can get pregnant at first sexual intercourse (%)	27.4	33.2	31.5	39.8	26.8	32.4					
16.	Aware of:											
	a. Condom (%)	89.6	62.0	96.8	82.5	88.4	59.3					
	b. Oral contraceptive pills (%)	77.2	84.0	88.2	92.9	75.3	82.8					
	c. IUD (%)	31.9	45.0	46.1	63.3	29.5	42.6					
	d. Withdrawal (%)	3.4	28.4	4.3	23.4	3.2	29.1					
17.	Correct specific knowledge ¹ of:											
	a. Condom (%)	62.1	29.9	70.3	42.1	60.7	28.3					
	b. Oral contraceptive pills (%)	26.2	48.1	31.8	57.8	25.3	46.9					
	c. IUD (%)	9.0	22.6	15.1	34.3	8.0	21.1					
	d. Withdrawal (%)	2.2	22.6	3.2	19.8	2.1	22.9					

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 (%)	18.1	19.9	23.2	23.0	17.2	19.4						
19. Comprehensive knowledge of the conditions under which abortion is legal ² (%)	6.4	2.8	7.2	3.8	6.2	2.6						
20. Heard about:												
a. HIV/AIDS (%)	87.3	46.9	95.7	79.3	85.9	42.7						
b. STI/RTI (%)	11.4	11.6	14.0	10.0	11.0	11.8						
21. Comprehensive knowledge of HIV ³ (%)	27.8	15.4	41.9	36.9	25.4	12.6						
Pre-marital romantic and sexual relationships												
22. Ever had an opposite-sex romantic partner (%)	17.0	4.9	21.1	9.3	16.3	4.4						
23. First spent time alone with an opposite-sex romantic partner before age 15 (%)	47.0	57.9	39.0	44.1	48.6	61.4						
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	6.7	1.4	3.9	1.3	7.1	1.4						
25. Ever had pre-marital sex ⁴ (%)	14.0	2.6	10.4	2.0	14.5	2.7						
Self-reported health problems												
26. Anxiety about swaptadosh/nocturnal emission (men) in last 12 months (%)	18.6	N.A	18.6	N.A	18.6	N.A						
27. Menstrual problems (women) in last 3 months (%)	N.A	11.2	N.A	8.9	N.A	11.5						
28. Symptoms of genital infection in last 3 months ⁵ (%)	8.3	21.6	8.6	16.2	8.2	22.3						
Youth life-style												
29. Consumed alcohol at least once in last month (%)	5.1	0.1	3.2	0.0	5.5	0.1						
30. Consumed drugs at least once in last month (%)	0.8	0.0	0.7	0.0	0.8	0.0						
31. Consumed tobacco products at least once in last month (%)	32.0	1.2	30.5	0.8	32.2	1.3						
32. Involved in physical fights in last 12 months (%)	14.1	4.1	15.1	2.4	13.9	4.4						
33. Watched television often (%)	9.5	9.1	32.5	42.8	5.7	4.7						
Programme participation and voting experience												
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	7.2	1.9	6.1	2.0	7.5	1.9						
35. Voted in last election ⁶ (%)	64.5	51.1	60.7	36.9	65.3	53.1						
Marriage												
36. Youth aged 20-24 married before age 18	13.3	77.0	6.0	45.3	14.6	81.5						

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: Bihar

Key indicators	Combined						Urban						Rural					
	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)														
	1,115	2,341	1,492	3,188	547	1,136	833	1,445	568	1,205	659	1,743						
Number of respondents																		
Socio-demographic profile																		
1.	28.8	20.5	28.7	33.5	19.5	24.0	17.3	19.9	29.6	20.3	30.9	35.9	29.6	20.3	30.9	35.9		
2.	39.0	70.3	18.0	35.0	28.3	44.1	13.9	15.8	40.0	72.0	18.8	38.5	40.0	72.0	18.8	38.5		
3.	96.8	38.0	64.3	36.0	94.6	12.6	53.7	17.0	97.0	39.7	66.4	39.5	97.0	39.7	66.4	39.5		
4.	89.7	29.8	48.0	23.0	89.1	9.2	46.7	11.3	89.6	31.2	48.2	25.2	89.6	31.2	48.2	25.2		
5.	9.8	34.5	28.8	37.6	7.1	68.2	24.6	51.2	10.0	33.2	29.6	35.3	10.0	33.2	29.6	35.3		
6.	0.3	3.7	0.1	1.6	0.0	4.6	0.4	3.4	0.2	3.7	0.0	1.2	0.2	3.7	0.0	1.2		
7.	0.6	0.0	0.1	0.0	0.0	0.0	0.5	0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.0		
8.	53.5	63.7	57.2	74.6	53.1	73.6	61.9	84.5	53.6	63.0	56.3	72.8	53.6	63.0	56.3	72.8		
9.	55.9	18.9	56.1	29.9	52.1	30.3	60.1	46.9	56.3	18.1	55.3	26.9	56.3	18.1	55.3	26.9		
Young people's control over their own lives																		
10.	30.3	45.2	16.4	41.8	32.6	55.9	22.5	56.7	30.1	44.5	15.2	39.1	30.1	44.5	15.2	39.1		
11.	81.1	29.0	44.5	29.9	83.7	40.1	61.1	50.4	80.8	28.3	41.3	26.1	80.8	28.3	41.3	26.1		
12.	N.A.	52.5	94.6	64.4	N.A.	52.8	95.9	74.1	N.A.	52.5	94.2	62.6	N.A.	52.5	94.2	62.6		
13.	N.A.	11.2	70.3	5.9	N.A.	14.7	74.2	13.0	N.A.	11.0	69.6	4.6	N.A.	11.0	69.6	4.6		
Sexual and reproductive health knowledge																		
14.	68.3	52.5	73.5	67.5	77.2	73.2	77.9	82.8	67.4	51.1	72.7	64.7	67.4	51.1	72.7	64.7		
15.	40.0	37.0	24.2	25.6	46.7	45.8	30.7	35.4	39.4	36.4	23.0	23.8	39.4	36.4	23.0	23.8		
16.	92.5	67.2	88.5	50.5	97.8	85.9	96.7	80.2	92.0	66.0	86.9	45.1	92.0	66.0	86.9	45.1		
a.	86.5	86.8	75.4	78.1	94.6	94.4	87.3	91.9	85.7	86.3	73.0	75.5	85.7	86.3	73.0	75.5		
b.	38.4	48.9	32.3	36.3	55.4	74.1	45.7	55.5	36.9	47.2	29.7	32.8	36.9	47.2	29.7	32.8		
c.	6.4	42.2	2.9	2.4	10.9	51.4	4.1	3.4	6.1	41.7	2.7	2.3	6.1	41.7	2.7	2.3		
d.	73.5	36.4	58.7	16.7	86.0	58.7	68.0	30.0	72.3	34.9	56.9	14.3	72.3	34.9	56.9	14.3		
a.	41.2	53.4	23.1	37.3	46.7	67.6	29.5	50.7	40.7	52.5	21.8	34.9	40.7	52.5	21.8	34.9		
b.	17.0	27.3	8.4	12.9	30.4	47.2	13.9	24.9	15.7	26.0	7.4	10.7	15.7	26.0	7.4	10.7		
c.	5.3	33.8	1.7	1.3	8.7	44.4	2.9	2.0	5.0	33.2	1.4	1.3	5.0	33.2	1.4	1.3		
d.	28.5	22.7	15.9	12.7	35.2	33.6	21.1	14.9	27.9	21.7	14.8	11.9	27.9	21.7	14.8	11.9		
17.	6.5	2.6	5.9	3.0	6.5	3.5	7.3	3.8	6.5	2.5	5.6	2.8	6.5	2.5	5.6	2.8		
18.	86.5	42.6	87.7	52.8	95.7	71.1	95.9	85.3	85.7	40.8	86.0	46.8	85.7	40.8	86.0	46.8		
19.	18.9	15.8	10.6	3.7	23.9	14.1	12.7	6.9	18.5	15.9	10.1	3.1	18.5	15.9	10.1	3.1		
20.	27.0	13.2	27.6	18.0	40.2	32.4	42.0	40.1	25.8	12.0	24.8	13.9	25.8	12.0	24.8	13.9		
21.	16.8	3.6	16.0	7.1	19.6	9.2	20.5	9.5	16.5	3.3	15.1	6.7	16.5	3.3	15.1	6.7		
22.	41.2	63.5	47.1	53.3	27.8	53.8	40.0	39.1	42.0	(65.3)	48.9	57.2	42.0	(65.3)	48.9	57.2		
23.	16.8	3.6	16.0	7.1	19.6	9.2	20.5	9.5	16.5	3.3	15.1	6.7	16.5	3.3	15.1	6.7		
24.	41.2	63.5	47.1	53.3	27.8	53.8	40.0	39.1	42.0	(65.3)	48.9	57.2	42.0	(65.3)	48.9	57.2		

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 (%)

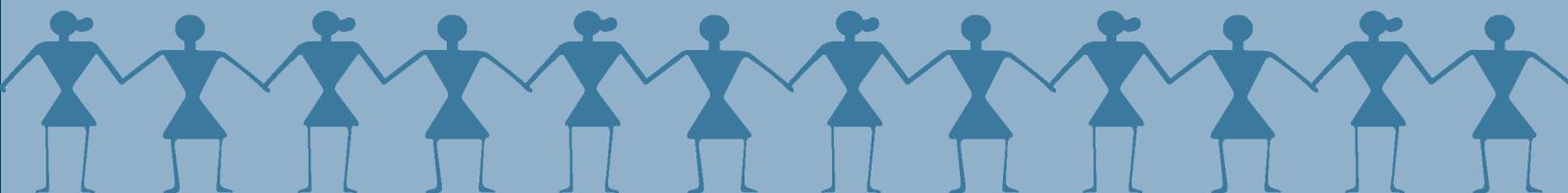
Key indicators	Combined				Urban				Rural			
	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)	MM (15-29)	MW (15-24)	UM (15-24)	UW (15-24)
24. Ever had pre-marital sexual relations with an opposite-sex romantic partner (%)	8.1	1.2	6.2	1.8	4.3	2.1	3.7	0.8	8.4	1.1	6.7	2.0
25. Ever had pre-marital sex ⁴ (%)	18.0	2.4	10.7	3.0	16.3	2.8	8.2	1.6	18.2	2.4	11.3	3.3
Self-reported health problems												
26. Anxiety about <i>swapanadoshi</i> /nocturnal emission (men) in last 12 months (%)	10.9	N.A.	20.8	N.A.	8.7	N.A.	19.7	N.A.	11.1	N.A.	21.1	N.A.
27. Menstrual problems (women) in last 3 months (%)	N.A.	12.3	N.A.	9.3	N.A.	7.7	N.A.	9.9	N.A.	12.6	N.A.	9.2
28. Symptoms of genital infection in last 3 months ⁵ (%)	10.6	25.8	7.0	13.9	9.8	23.1	8.2	11.3	10.8	26.0	6.8	14.3
Youth life-style												
29. Consumed alcohol at least once in last month (%)	12.3	0.1	2.7	0.1	12.0	0.0	2.5	0.0	12.3	0.1	2.7	0.1
30. Consumed drugs at least once in last month (%)	1.4	0.0	0.7	0.0	1.1	0.0	0.8	0.0	1.5	0.0	0.7	0.0
31. Consumed tobacco products at least once in last month (%)	62.2	1.5	24.5	0.6	67.4	1.4	25.7	0.2	61.8	1.5	24.3	0.7
32. Involved in physical fights in last 12 months (%)	10.5	4.4	15.3	3.7	12.0	2.8	15.1	2.0	10.3	4.5	15.3	4.0
33. Watched television often (%)	5.7	5.6	11.6	13.4	25.3	34.5	34.3	48.6	3.9	3.7	7.2	6.9
Programme participation and voting experience												
34. Participated in youth-related programmes implemented in the community in last 3 years (%)	6.8	1.6	6.9	2.4	4.3	0.7	6.1	2.8	6.9	1.7	7.1	2.3
35. Voted in last election ⁶ (%)	79.4	52.8	61.6	34.1	76.4	35.0	60.7	40.2	79.8	54.3	61.9	30.1
Married life												
36. Reported a love marriage (%)	1.0		1.1		3.3		3.5		0.8		0.9	
37. Usually discussed money matters with spouse (%)	86.3		88.2		87.5		92.0		86.3		88.0	
38. Reported any physical violence perpetrated on wife by husband (%)	29.7		29.7		25.0		23.9		30.1		30.1	
39. Husband ever forced wife to have sex (%)	24.8		53.7		21.3		50.0		25.1		54.0	
40. Ever had extra-marital sex (%)	3.7		0.4		3.4		0.0		3.9		0.4	
41. Ever used contraception within marriage (%)	23.1		20.0		33.0		31.2		22.3		19.3	
42. Currently using contraception (%)	12.2		11.8		20.5		21.0		11.4		11.1	
43. Ever used a contraceptive method to delay first pregnancy (%)	8.2		4.3		14.8		6.5		7.6		4.2	
44. Children ever born (mean)	1.3		1.4		1.3		1.4		1.3		1.4	
45. Ideal number of children ⁷ (mean)	2.7		2.7		2.4		2.4		2.8		2.7	
46. First delivery in health institution ⁸	23.0		24.9		40.0		50.5		21.5		23.2	
47. First birth attended by a health professional ⁹ (%)	42.0		34.9		66.7		63.3		39.8		33.0	

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. () Based on 25-49 unweighted cases.



Notes







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