ADOLESCENTS IN INDIA

A Profile

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FOR

UN SYSTEM IN INDIA

ADOLESCENTS IN INDIA : A PROFILE

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Foreword

With India's population having crossed the one billion mark, out of which nearly 21 percent are adolescents, the significant role of this population group in enabling India to achieve its developmental goal of population stabilization must be recognized. The United Nations Inter Agency Working Group on Population and Development has chosen 'adolescents' as its priority theme for the year 1999-2000. It is therefore pleased to present this overview of the status of adolescents in India. The document is aimed to serve as ready reckoner on the policy interventions and the programmatic efforts of the Government, the UN System and various Non-Governmental Organizations.

The UN System in India has been working with the Government, civil society and other development partners towards achieving population and social development goals agreed to by the world community at the International Conference on Population and Development (ICPD), Cairo, 1994. The ICPD highlighted the urgency of integrating population concerns with development strategies and planning, with a distinct focus on sustainable human development. Recognizing adolescents and youth as 'the most important resource for future development', the ICPD drew special attention to the health and well-being of adolescents. As a follow up to the implementation of the ICPD, The United Nations Population Fund (UNFPA) launched the five year post-Cairo review process known as ICPD + 5 Initiatives. As part of the review process, the South Asia Conference on Adolescents was organized in New Delhi in 1998. The Conference identified the major demographic, socio-economic and reproductive health characteristics defining the situation of adolescents in South Asian countries. Building on this framework, 'Adolescents in India : A Profile' furthers the importance of explicitly defining the category 'adolescents', recognizing their issues, needs and concerns and emphasizing adequate policy attention and programmatic interventions that this population group merits. It aims at identifying possible areas for joint interventions in relation to adolescents, by the Government, the UN system and Non-Governmental Organizations.

We hope this work will serve as a useful tool for policy makers and programme initiators in planning for and with adolescents. I congratulate the United Nations Inter Agency Working Group on Population and Development, under UNFPA's lead, in the making of this publication.

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New Delhi
7 August 2000

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Acronyms

AGG	Adolescent Girls Group
AGS	Adolescent Girls Scheme
ARH	Adolescent Reproductive Health
AIDS	Acquired Immune Deficiency Syndrome.
BGMS	Bharatiya Grameen Mahila Sangh
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDPA	Centre for Development and Population Activities
CINI	Child in Need Institute
CRC	Convention on the Rights of the Child
CSO	Central Statistical Organization
CSEC	World Congress Against the Commercial Sexual Exploitation of Children
DAPC	Drug Abuse Prevention Centre
DFID	Department for International Development
DWCD	Department of Women and Child Development
EDP	Entrepreneurial Development Programme
FAO	Food and Agricultural Organization
FPAI	Family Planning Association of India
FWCW	Fourth World Conference on Women
GER	Gross Enrolment Ratio
GSCPT	Gujarat State Crime Prevention Trust
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services Scheme
ICMR	Indian Council of Medical Research
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IIPS	Indian Institute of Population Sciences
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
KAP	Knowledge Attitudes and Practices
KVS	Kendriya Vidyalaya Sangathan
LFPR	Labour Force Participation Rates
MOHFW	Ministry of Health and Family Welfare

MOHRD	Ministry of Human Resource Development
MTP	Medical Termination of Pregnancy Act
NCERT	National Council of Educational Research and Training
NCTE	National Council of Teacher Education
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NLM	National Literacy Mission
NOS	National Open School
NPEP	National Population Education Project
NSS	National Service Scheme
NSSO	National Sample Survey Organization
NVS	Navodaya Vidyalaya Samiti
NYKS	Nehru Yuva Kendra Sangathan
POPED	Population Education
PRI	Panchayati Raj Institutes
RCH	Reproductive and Child Health Programme
RDA	Recommended Daily Allowance
RH	Reproductive Health
SAARC	South Asia Association of Regional Cooperation
SC	Scheduled Caste
ST	Scheduled Tribe
SCERT	State Council of Educational Research and Training
SEARCH	Society for Educational Action and Research in Community Health
SIDA	Swedish International Development Authority
SRED	Society for Rural Education and Development
SSA	Sarva Shikshā Abhiyan
STEP	Support to Training-cum-Employment Programme for Women
STD	Sexually Transmitted Disease
SUTRA	Society for Social Uplift Through Rural Action
TARSHI	Talking About Reproductive and Sexual Health Issues
TRYSEM	Training of Rural Youth for Self Employment
UN	United Nations
UNCED	United Nations Conference on Environment and Development
UNCHS	United Nations Centre for Human Settlement
UNCTAD	United Nations Conference on Trade and Development
UNDCP	United Nations Drug Control Programme

UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNV	United Nations Volunteers
USAID	United States Agency for International Development
UVCT	Urivi Vikram Charitable Trust
WB	World Bank
WCHR	World Conference on Human Rights
WFP	World Food Programme
WHO	World Health Organization
WSP	Water and Sanitation Programme
WSSD	World Summit for Social Development
YFS	Youth Friendly Services

General Introduction

Population stabilization is one of the major development challenges for India today. What happens in the future depends, to a large extent, on the decisions taken by adolescents as they enter their reproductive years. Adolescents in the age group 10-19 years constitute 21.4 percent of India's population. Within this paradigm of population and development related issues, the role of adolescents cannot be overlooked.

'Adolescents in India : A Profile' is a publication of the UN Inter Agency Working Group on Population and Development (IAWG-P&D). With UNFPA as the lead agency of the group, the other member organizations are FAO, ILO, UNICEF, UNIFEM, UNAIDS, WB, UNDCP, WHO, UNDP, UNESCO and UNHCR.

In keeping with its commitment to the International Conference on Population and Development, 1994, Cairo, the group aims at linking population concerns with development issues. It stresses a people-centred approach to development and a holistic vision of people's lives. In attempting to understand population and development related issues, it emphasizes multi-sectoral linkages and coordinated interventions. Its focus is on sustainable human development. These guiding principles provide the background canvas for the analytical framework of the Profile.

The working group's selected theme for the year 1999-2000 is 'Adolescents'. In view of the group's current priority, the Profile[①] aims at securing a niche for adolescents and adequate visibility for them in policy and programmatic efforts of the Government, the UN System and non-governmental organizations.

The Profile is divided into four sections. The first section outlines the status of adolescents in India focussing on certain indicators such as demographic status, nutrition and health needs, education and literacy levels, vulnerability to HIV/AIDS and drug abuse, economic and employment requirements. This section of the Profile raises some pertinent issues with regard to adolescents. It provides certain pointers to possible interventions and programming activities. Section Two proceeds to map out the various activities being carried out in relation to adolescents in the UN System. Section Three provides a brief description of government policies and programmes on adolescents. Section Four presents snapshots of selected NGO activities and programmes on adolescents.

As far as the definition of the category 'adolescents' is concerned, the importance of achieving a conceptual clarity is emphasized throughout the Profile.

The Profile does not claim to produce either a comprehensive or an exhaustive account of the status of adolescents or of the policies and programmes, directly or indirectly, oriented towards them. It is, instead, an overview which aims at providing a background to adolescents in India, highlighting their major concerns, identifying gaps in current policies and programmes and suggesting indicators for future initiatives and interventions. The guiding framework in compiling the Profile has been the South Asia Conference on the Adolescent, New Delhi, 1998. The idea behind conducting a UN mapping exercise and presenting an overview of the status, policies and programmes on adolescents, has been to elucidate possible areas for joint interventions on adolescents. The Profile presents an all-India perspective and does not aim at detailing state-level data regarding the status of adolescents, policies and programmes on them. The Profile draws largely on available secondary literature, besides drawing on some interviews conducted with focal persons of various UN

① Excerpts of the Profile will be a part of the IAWG-P&D website whereby the information provided in the Profile can be constantly updated. It is thus expected to be an evolving document.

organizations, some Government officials and some NGO experts.

'Adolescents in India : A Profile' aims at sensitising readers to the importance of recognizing adolescents as a distinct group with their own unique needs and concerns. It is indicative of the urgency to make adolescents and issues related to them the focus of government policies and programmes, the UN System's interventions and the initiatives of non-governmental organizations.

1.1 Introduction

The term adolescence meaning "to emerge", or "achieve identity" is a relatively new concept, especially in development thinking. The origins of the term from the Latin word, 'adolescere' meaning "to grow, to mature" indicate the defining features of adolescence. However, a universally accepted definition of the concept has not been established.

WHO defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes. These attributes include:

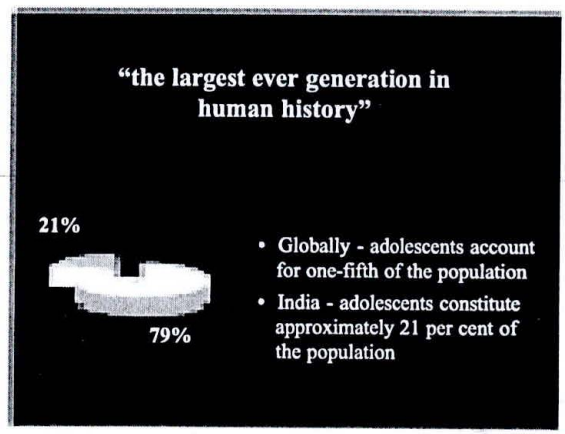
- Rapid physical growth and development
- Physical, social and psychological maturity, but not all at the same time
- Sexual maturity and the onset of sexual activity
- Experimentation
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence

To distinguish adolescents from other similar (and sometimes overlapping) age groupings, which however differ in these special characteristics, WHO has also defined youth and young people.

- Youth - persons between 15 and 24 years
- Young people - persons between 10 and 24 years

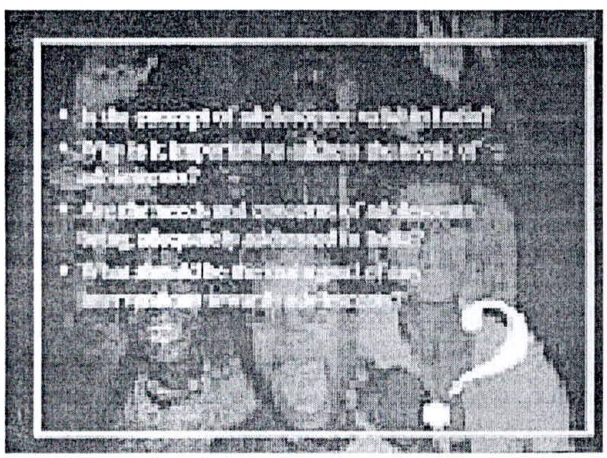
Adolescents aged between 10-19 years account for more than one-fifth of the world's population. In India, this age group forms 21.4 percent of the total population (National Youth Policy 2000) as shown in Chart 1. Characterised by distinct physical and social changes, the separate health, education, economic and employment needs of adolescents cannot be ignored. Adolescents are also entitled to enjoy all basic human rights – economic, social, political and cultural – but their inability to exercise these rights places the onus on policy makers and adults to implement separate measures to ensure their rights. Moreover, it is necessary to invest in adolescents as the future leaders and guardians of the nation's development.

Chart 1 : Adolescents : A Snapshot



A prerequisite for policy planning and focus is a comprehensive situational analysis of adolescents. Yet, there is a marked absence of reliable data and information on adolescents. There has been an encouraging trend to reverse this in recent years, with a growing awareness of adolescent needs, particularly in the voluntary sector, and an increase in the number of innovative programmes on adolescents.

An overview, based on the secondary data available, confirms the need for a separate focus on the health, education, employment and protection of human rights of adolescents. Reproductive health, in particular, represents the most critical area where an emphasis on the special needs and concerns of adolescents is required. In India, given its predominantly patriarchal set up, ideology of son preference, incidence of early marriage and high rates of maternal mortality, a strong focus on the needs of adolescent girls is warranted. However, both sexes are vulnerable to problems such as those of drug abuse, HIV/AIDS and other infections and sexual abuse. A focus on 'adolescents' must be inclusive of adolescent boys as well as girls.



1.2 Defining the group 'adolescents'

Adolescents as an age group usually tend to be subsumed under the categories of either youth or children. The formulation of definitions clearly demarcating the age and characteristics of adolescents is only a recent phenomenon, and yet to be widely recognised across the world

The actual interpretation of adolescence as a phase of life remains a social construct that differs between cultures. In India there is a resistance to the concept of 'adolescence' , if it is understood, as in the West, as an extended period of education and training for adult roles. The experience of such a phase is limited in the Indian context. This may be explained by factors such as a delay in the onset of puberty (due to poor nutritional status) and prevalence of early marriage (signifying adulthood). It may further be argued that in India the generation gap cited in the West does not exist. However with the changing economic and social profile, generational differences in India are becoming increasingly important. The association of adolescence with sexuality is another factor which increases resistance to the concept, particularly in regard to female adolescence (Greene 1997). However, if adolescence is viewed in terms of shifts in "dependency to autonomy, social responses to physical maturity, the management of sexuality, the acquisition of skills, and changes in peer groupings" (Greene 1997), then the notion that adolescence is a social stage that occurs only in developed nations must be discarded.

Aside from these objections to the relevance of the concept of adolescence to the Indian scenario, it is also arguable whether the term itself is valid. Adolescents are generally perceived as a homogenous group, yet they can be stratified on the basis of

gender, caste, class, geographical location (urban/rural) and religion. Adolescents also include a whole gamut of categories: school and non-school going, drop-outs, sexually exploited children, working adolescents – both paid and unpaid, unmarried adolescents as also married males and females with experience of motherhood and fatherhood (MOHFW, Country Paper, 1998).

It may be pertinent to ask – are there any common characteristics defining adolescents? The only universal definition of adolescence is to mark it as a period in which a person is no longer a child, and not yet an adult. This is a period of rapid growth and is apparent from the prevalence of new factors – of new capacities, of being faced with new situations, new types of behaviour – which signify opportunities for growth and development, but also risks to health and well-being. The period is characterised by a combination of physical changes (puberty), behaviour changes and shifts in social grouping. Broadly, these changes are:

- Physical changes – The onset of puberty is marked by rapid growth and the development of secondary sexual characteristics.
- Psychological changes – The development of a sense of identity distinct from parents and self-worth, the exploration of new relationships with their peer groups, with the opposite sex, families and the community. It is also a time of exploration (of their own bodies, of one's capabilities and potential) and experimentation (in sexual relationships, alcohol and tobacco use). At this stage, media and peers exert a powerful influence. Manifested by change, it is also a stage of extreme vulnerability where, for instance, alcohol use could easily slip into alcohol abuse if there is inadequate access to services and a supportive environment. The support and understanding of parents during this phase is critical in enabling them to meet these challenges (WHO 1997 and 1998).

Adolescence is further complicated by the non-simultaneous nature of these changes. Different aspects of behaviour or physical appearance occur at various ages.

Three main stages of adolescence can be discerned :

- Early adolescence (9-13 years) – characterised by a spurt of growth and the development of secondary sexual characteristics.
- Mid adolescence (14-15 years) – this stage is distinguished by the development of a separate identity from parents, of new relationships with peer groups and the opposite sex, and of experimentation.
- Late adolescence (16-19 years) – At this stage, adolescents have fully developed physical characteristics (similar to adults), and have formed a distinct identity and have well-formed opinions and ideas.

(NCERT 1999)

This suggests a need to move beyond an overall emphasis on adolescents towards different interventions at different stages of adolescence.

1.3 Data availability on adolescence

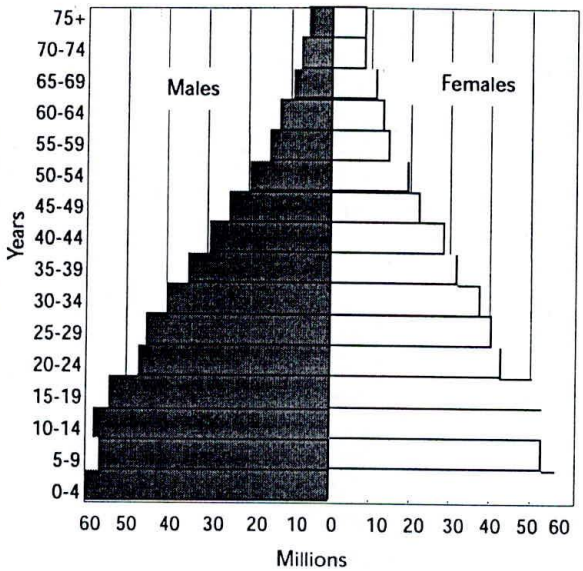
The lack of reliable data and information on the adolescent age group is a major impediment in preparing a profile of adolescents. Disaggregation of data on the basis of age is in the age groups of 0-15 years or 15-24 years, with adolescents (10-19 years) rarely considered as a distinct age group in official statistics. Moreover, the emphasis on youth (15-35 years in India) results in greater and better quality information on older adolescents in comparison with younger adolescents. The availability of reliable data is a vital pre-condition for planning and identification of

appropriate programmes for adolescents. Research and data compilation on adolescents, in fact, is itself an area that calls for policy prioritisation.

1.4 Population and demographic profile

The increase in attention towards adolescents is primarily due to a recognition of the increased significance of this group as a proportion of the total population. At the Executive Board Special Event : Panel Discussion on Adolescent Reproductive Health, 13 June 2000, Geneva, it was pointed out that young people now numbered 1.4 billion and made up the 'largest youth cohort in history.' World-wide, the majority of the increase in the proportion of adolescent population is occurring in developing countries (MOHFW Country Paper, 1998). In India, as mentioned already, adolescents account for 21.4 percent of the population. Chart 2 shows the age distribution of the Indian population in 2000.

Chart 2: Age distribution of India (2000)



Source: Population Reference Bureau

Past fertility decline has reduced the proportion of young people (NFHS 1998-99). However, with more than 200 million projected to be in this age group, the group is still significant enough to merit separate attention (Table 1). Moreover, India's future population size will largely depend on its prospects for continued fertility reduction, linked to the success of its Reproductive and Child Health programme (NFHS 1998-99). Since adolescents comprise a major part of the reproductive age group, addressing their needs will be critical in determining India's future population levels.

An analysis within the adolescent age group itself indicates that the proportion of 10-14 year olds is greater than the 15-19 year group. This has important implications for policy, as the needs of the two sub-groups are different.

The gender-wise breakdown of the adolescent population does not show any significant disparity between the sexes, with female adolescents accounting for the same proportion of the total female population as male adolescents for the male population. However, the problem of adverse sex ratio is also evident in the adolescent age group. The sex ratio for adolescents in the 13-19 years age group declined from 897.7 in 1981 to 884.2 in 1991, although it rose to 890.4 in 1996. (Office of the Registrar General, 1996)

Table 1 – Percentage distribution of population by sex and age group

Age-Group	1981		1991		1996		2001		2006		2011		2016	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
10-14	13.2	12.6	11.9	11.6	12.0	11.5	12.1	12.1	10.5	10.6	8.9	9.0	8.7	8.7
15-19	9.9	9.4	9.7	9.1	9.9	9.5	11.0	10.5	11.2	11.2	9.7	9.9	8.3	8.3

Source: Central Statistical Organisation, Youth in India : Profile and Programmes 1998, New Delhi : CSO, 1998, page : 23-24.

> The exploitation and neglect of girls and women in South Asia has led to excess female deaths over male deaths, resulting in an adverse sex ratio...India has some of the region's most severe forms of female neglect and infanticide. ('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

It is estimated that in the age group 0-19 years, there are 13 million missing girls. The sex ratio is a disturbing indicator of gender discrimination across all ages. In fact, there is an increase in female deaths between 15 – 19 years as a result of high maternal mortality among teenage mothers. Any programmes for adolescents must, therefore, recognise the problems of gender discrimination.

1.5 Age-specific mortality

Adolescents are overlooked in most health programmes as they are basically considered a healthy group. In general, adolescent mortality rates are lower than for other age groups, such as older age groups or children (0-4 years).

However, the pervasiveness of gender discrimination in India, lower nutritional status of females, early marriage and high fertility, and early child bearing (leading to maternal mortality) contribute to a wide difference in mortality rates in adolescent females and males. In the older adolescent age group, female mortality is significantly greater than male mortality as female adolescents begin to experience problems of early pregnancy, the effects of malnutrition and anaemia. (Table 2). About 13 percent of deaths of females below the age of 24 years is related to pregnancy and child birth causes. Similar trends also prevail in the rural and urban age groups. Health policies must seek to redress these high levels of female adolescent mortality through comprehensive interventions that aim to enhance women's status and address factors such as early marriage and childbirth.

1.6 Nutrition and health

Nutrition is usually taken as another significant indicator of the health and overall status of adolescents. Adequate nutrition is particularly critical for adolescents as it is a primary determinant of the spurt of growth that characterises adolescence. Poor nutrition is often cited as the major reason for the delay in the onset of puberty in Indian adolescents.

Table 2 – Age - specific mortality rates

Age group (in years)	1980		1990		1995	
	F	M	F	M	F	M
0-4	43.5	40.1	27.9	24.8	25.3	23.2
5-9	4.0	3.3	2.8	2.3	2.7	2.2
10-14	1.7	1.7	1.4	1.4	1.4	1.3
15-19	2.9	2.0	.5	1.7	2.0	1.7
20-24	3.8	2.3	3.1	2.4	2.7	2.1
35-39	4.6	4.7	3.2	3.9	3.1	3.7
45-49	7.3	9.6	6.3	9.0	5.2	8.1
55-59	16.7	21.5	14.4	20.9	11.8	17.5
All ages	12.4	12.4	9.6	9.7	8.7	9.3

Source: Central Statistical Organization, 1999: Women & Men in India 1998, page : 10.

Also, gender discrimination in India is mentioned as one of the main causes of female under-nutrition.

A positive shift in most nutritional studies has been the move away from the overwhelming concentration on the nutritional status of children, mothers, or pregnant women to include adolescents. In addition to the traditional categories of children and adults, the design of the National Nutrition Profile 1998 includes 'school age children' and 'adolescents'. Average intake of nutrients was also classified according to age and sex. However, there are anomalies even within the same profile. The regional nutrition profiles (Northern, Southern, Western and Eastern) primarily detail two categories, children and adults, excluding adolescents.

To an extent, the lack of regional level data on adolescent nutrition is compensated by the clear categorisation of 'school age children' and 'adolescents' for state wise and district wise nutrition profiles. Even here, though, there are variations in the definitions – school age children are categorised as between 5-12 years for some states, and 7-12 years for others and adolescents are categorised as between 13-18 years in some states and 12-18 years in others. The variations may be marginal, but these inconsistencies pose problems for inter-state comparisons.

Furthermore, the categorisation of adolescents between 12-18 years is yet another example of the diversity in definitions of the exact period of adolescence, both within Government and among other development partners.

A major measure of nutritional or health status is the average in take of energy and protein and also iron against the recommended daily allowance (RDA) (Table 3). The protein intake of all groups is adequate but the age groups below 15 years fall short in energy intake. Average intake of iron is deficient in almost all age groups. It is plausible that the short falls create more vulnerabilities among adolescent girls due to greater demands for better nutrition (for example in relation to early pregnancies, a high vulnerability of adolescent mothers to anaemia and other reproductive health problems).

> The nutritional status of currently married late (15-19 years) adolescent girls is unsatisfactory. A sizeable proportion of late adolescent girls are acutely malnourished (measured in terms of Mean Body Mass), fail to meet calorie requirements and are short statured. This will increase the risk of difficulty in childbirth. In Bangladesh and India, females receive 88 percent of the required nutritional intake as compared to boys. ('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

Of particular concern to policy makers is the nutritional status of girls as it has inter-generational effects. Low socio-economic status compounds the problem of undernutrition, with consequent effects on height and weight. In addition, undernutrition reduces the reproductive, physical, and mental capacities of girls, and continues to result in low birth weights and foetal loss. If India wishes to achieve the goals of Health for All and adequate Nutrition for All, it must attend to the problem of undernutrition among adolescent girls.

Table 3. - Average intake of energy, proteins and iron against the recommended daily intake allowances (RDA)

Age	Sex	Energy (Kcals/day)		Proteins (g/day)		Iron (mg)	
		Intake	RDA	Intake	RDA	Intake	RDA
1- 3	Boys	918.1	1240	30.1	22	8.9	12
	Girls	925.9		30.5		9.2	
4-6	Boys	1299.5	1690	40.6	30	13.0	18
	Girls	1298.5		41.2		11.3	
7-9	Boys	1570.3	1950	50.0	41	20.0	26
	Girls	1520		49.7		18.3	
10-12	Boys	1847.0	2190	56.8	54	18.7	34
	Girls	1482.2	1970	45.7	57	15.1	19
13-15	Boys	2184.9	2450	67.1	70	22.1	41
	Girls	2097.1	2060	65.6	65	21.4	28
16-17	Boys	2514.3	2640	79.2	78	25.7	50
	Girls	2327.1	2060	74.2	63	23.9	30
> 18	Boys	2592.3	2425	79.7	60	26.1	20
> 18	Girls	2292.9	1875	70.8	50	23.0	30

Source: India National Nutrition Profile 1998, page : 15.

For girls, adolescence is a period of growth with an increased nutrient intake. 'Girl Child in India : The Situational Analysis' (India Country Paper, DWCD, 1999) points out that a large number of adolescents are undernourished and the problem is more among girls (45 percent) than boys (20 percent), primarily due to deep-rooted gender discrimination. Girls need 10 percent more iron as a result of menstrual blood loss, but their consumption is much less. The most visible manifestation of nutritional deficiency is the high prevalence of anaemia and stunting among adolescent girls. Studies suggest that as many as 55 percent of adolescent girls may suffer from anaemia. Anaemia is exacerbated with pregnancy and often results in obstetric risks and reproductive failures. Anaemia is preventable with the consumption of iron tablets and nutrition supplements, and many government and NGO programmes are now addressing this problem.

1.7 Adolescent reproductive health

The complexity of the period of adolescence, and the accompanying changes in physical and social characteristics is usually emphasized, but it is not very well understood by adolescents or adults. A poor understanding of reproductive health and sexual issues is the main cause for the absence of focus on services, information and research on unique features of adolescent reproductive health (ARH). In recent years, the trends of globalisation and liberalisation, the rapid spread of communication and information technology, and shifting social and moral norms maybe said to have eroded the traditional bases and defining points for adolescent reproductive and sexual behaviour, leading to a host of changes in reproductive health concerns. These require immediate attention and appropriate interventions.

1.7.1 Age at marriage

In most countries of South Asia, marriage marks the turning point in reproductive behaviour and signals the onset of sexual activity. Age at marriage, therefore, has far reaching consequences on fertility rates, child bearing, and other health issues such as infant and maternal mortality.

In India, the legal age at marriage is 18 for females and 21 for males. Nonetheless, early marriage continues to be the norm. By the age of 15, as many as 26 percent of females are married. By the age of 18, this figure rises to 54 percent (Mehta 1998:5).

Legislation, advocacy, socio-economic changes (particularly education) are possibly leading to reversals in this trend, with a steady increase in the mean age of marriage (Table 4).

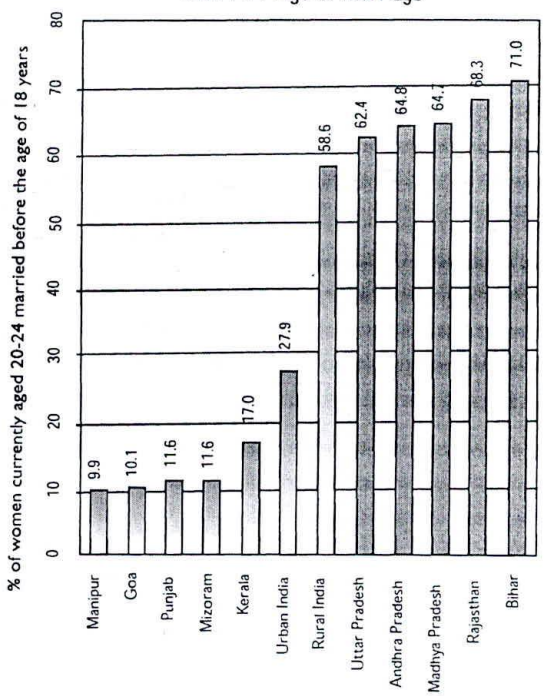
Table 4: Mean age at marriage

Year	Female	Male
1951	15.4	19.9
1971	17.1	22.7
1981*	17.9	23.3
1992*	19.5	-
1994*	19.4	-

Note: 1992 and 1994 figures based on Sample registration system, previous figures on Census.
* : Excludes Jammu and Kashmir
Not available.
Source: CSO, Women and Men in India, 1998.

However, national statistics obscure regional and rural/ urban differentials. In India 50 percent of women aged 20-24 are married before 18 years, with the rural percentage of 58.6 being a sharp contrast to the urban percentage of 27.9 (NFHS 1998-99). The percentage incidence of adolescent marriages below 18 years is as high as 68.3 in Rajasthan and 71.0 in Bihar as against 17.0 in Kerala and 24.9 in Tamil Nadu (NFHS 1998-99) as shown in Chart 3. Concerted efforts are thus necessary to raise the age of marriage for adolescents, taking into account regional differences.

Chart 3 : Age of marriage



Source: National Family Health Survey - 2 1998-99

1.7.2 Fertility rates

A progressively larger share of all births is occurring to adolescent girls between the ages of 15-19 years. 25 to 35 percent of adolescent girls of Pakistan, Bangladesh, India and Nepal begin childbearing as early as 17 years. Adolescent girls have shorter spacing intervals between births than older women, adding to already high fertility rates among adolescent girls.

('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

Most fertility in India occurs within marriage, so the low age of marriage automatically links to early onset of sexual activity, and thereby, fertility. Adolescent fertility is high, but the increase in the age of marriage has resulted in a corresponding decline in age specific fertility. Even so, the NFHS (1992-93) surveys report that as many as 36 percent of married adolescents aged 13-16 and 64 percent of those aged 17-19 are already mothers or are pregnant with their first child.

An analysis of the data has revealed that adolescent fertility rate for India is 116 births per 1000 women in the age group of 13-19 years, with the rate in rural areas being twice as high at 131 than in urban parts of the country. The adolescent fertility rate is as high as 153 in Madhya Pradesh, 143 in Haryana, 141 in Maharashtra and comparatively lower in the states of Punjab, Himachal Pradesh, Tamil Nadu. It is as low as 38 in Kerala.

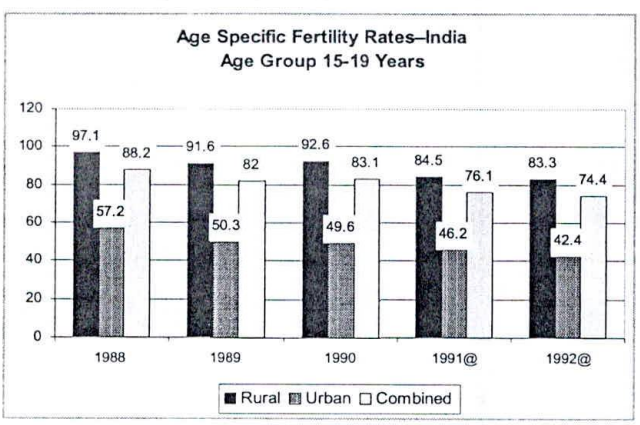
Overall, urban fertility is lower than rural fertility. The correlated factor of literacy is also of importance here, with urban dwellers having comparatively better access to educational facilities which in turn can facilitate a declining trend in fertility. Although fertility has declined, the number of births to adolescents has actually witnessed an increase from 11 percent in 1971 to 17 percent of all births in 1992-93 (IIPS, 1995). Chart 4 shows the fertility rates vis-a-vis such background characteristics as rural-urban differentials. Table 5 below reveals age-specific fertility rates though the availability of such data in this age group is limited compared to the 20 plus age group.

Table 5: Age-specific fertility rates

Age Group	1980	1990	1992	1993	1995
15-19	88.2	83.1	74.4	69.6	55.2
20-24	246.1	237.0	235.2	234.4	238.4

Source: CSO, Women and Men in India 1998, page : 9.

Chart 4: Fertility rates by background characteristics, 1992-93



Source : Indian Institute of Population Sciences, 1995

What also needs to be mentioned here is that changes in the socio-economic and cultural conditions, and consequently, sexual norms signal a rise in premarital sexual activity. This cannot be conclusively determined as data is scarce for the 15-19 age group and virtually non-existent for the 10-14 age group (where it is assumed that there are no births). With increasing reports of premarital sexual activity (as the discussion below shows), the problems of unwed mothers cannot be neglected in any analysis of fertility in India.

1.7.3 Sexual activity and behaviour

With the widespread availability of information, the influence of the media and the breakdown of traditional family structures, sexual behaviour among adolescents may be described as being in a state of flux. While information on sexual activity and behaviour is limited, and the methodologies of existing studies are questionable, a consistent finding is of a high level of pre-marital sexual activity, mainly among adolescent males. A disturbing trend is the lack of use of contraceptives and knowledge of sexually transmitted diseases (and preventive behaviour). Studies across South Asia (Mehta 1998, Jeejebhoy, 1996) on sexual activities and knowledge indicate that

- The magnitude of adolescent sexual activity is significant, and is higher in boys than girls. There is also under-reporting of nonmarital relationships by adolescent girls due to fears of social disapproval.
- Men are more likely to be sexually active and at an earlier age than girls, and attitudes on premarital sexual activity remain conservative. Furthermore, the acceptance of pre-marital sexual activity is greater among boys than girls.

- Parents and teachers play a minor role in giving information, and are usually reluctant to impart such information. The majority of information on sexual and reproductive issues is obtained from peers (which can sometimes be misleading and inaccurate).
- Commercial sex workers usually serve as partners for first-time sexual encounters.
- Contraceptive use is low and rarely used in first-time sexual encounters, including with commercial sex workers. Contraceptive awareness is usually about sterilisation, which is unsuitable for most adolescents. Knowledge of HIV/AIDS, safe sex and preventive behaviour (like use of condoms) is low, across all ages and education levels.
- Knowledge of sexual and reproductive issues is extremely poor. In some studies, 50 percent of female adolescents did not know about menstruation, and the limited knowledge was based on social factors (such as not being permitted to cook) than the actual physiological changes.
- There is considerable interest among adolescent boys for information on reproductive health.
- Education did not increase knowledge of sex and reproduction.
- The educational system does not adequately meet the needs for imparting sex education.
- Sexual and reproductive decision-making by adolescents is constrained by age and gender factors. Adolescent women have little choice on whom and when to marry, and are usually not in a position to negotiate contraceptive use. This varies slightly with age, with an older wife more likely to make such decisions.
- There is a huge unmet demand for adolescent health facilities, information and counselling services.

Reproductive health issues and concerns

Shifts in sexual behaviour have generated fresh reproductive health issues that need to be accounted for. Unprotected sexual behaviour among adolescents can have severe consequences, particularly for adolescent girls through unwanted pregnancy, maternal mortality (due to early childbearing), abortions and HIV/AIDS. Most of these can be prevented by the introduction of appropriate ARH services. At present, such services are not widespread, and are often of poor quality in terms of ensuring confidentiality or making provisions for counselling. Besides, service providers may tend to be judgmental when dealing with adolescents vis-a-vis adult women.

1.7.4 Unwanted pregnancies and abortions

Given the limited information on sexual health, it may not be surprising that unwanted pregnancies and induced abortions can possibly be a common feature in India. Poor access to contraception and contraceptive failure, lack of information or misinformation regarding reproduction as also the incidence of rape contribute to the high rate of abortion among adolescents (MOHFW, Country Paper, 1998). Reasons for abortions vary from family spacing and son preference for married adolescents to social stigma for unmarried adolescents.

The Medical Termination of Pregnancy Act (MTP), 1972 has legalized abortion, yet the number of illegal providers of abortion services is very high. For unmarried adolescents, abortions have been high, though actual estimates are not available. Abortions by unlicensed, untrained private practitioners in unhygienic conditions creates risks of serious complications (heamorrhage, injuries) and even death. This risk is increased when abortions occur in the second trimester, which is the case for the majority of adolescent pregnancies.

Despite the difficulty of obtaining data on abortions, including illegal abortions, from studies such as those in Solapur hospital (where 30 percent of abortion seekers were under 15), and KEM Hospital, one can infer that the incidence of adolescent abortions is quite high (MOHFW , Country Paper, 1998). A certain proportion of these abortions are related to rape and unnatural relationships, and repeated abortions by commercial sex workers.

Induced abortions and the accompanying health risks can be reduced significantly by the use of contraceptives. Yet, contraceptive use is very low among adolescents in India, mainly because of low levels of knowledge of contraceptives methods, and also, lack of availability of contraceptive services for unmarried adolescents. With 20-30 percent of males and 10 percent of all adolescent females estimated to be sexually active before marriage, there is clearly a need for such services (MOHFW, Country Paper, 1998).

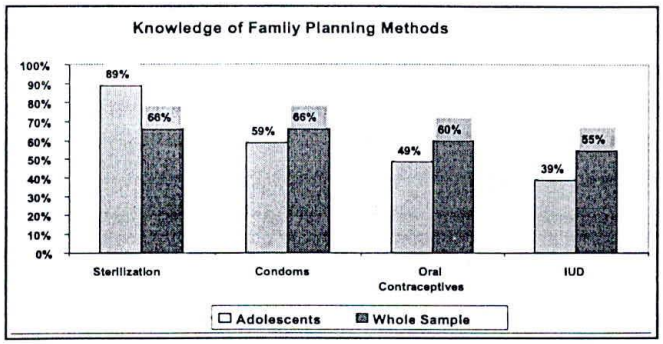
> The Programme of Action of the International Conference On Population and Development (1994) which explicitly recognized the reproductive health needs of adolescents as a distinct group, clearly advocates for the provision of such services: "The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and ensure informed choices and make available a full range of safe and effective methods...Informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities..."

Even among married women, the level of contraceptive use is determined by a combination of social, economic and cultural factors. The status and decision-making powers of women (which in traditional societies increases with age) has a positive impact on contraceptive use. The NFHS 1992-93 data indicates that no more than 5 percent of married women aged 13-14 years and 7.1 percent of married women aged 15-19 years were practising contraception. This is low compared to 21 percent among women aged 20-24 and 61 percent for women aged 35-39 years. Chart 5 shows the extent of knowledge of family planning methods of adolescents vis-a-vis the whole sample. The latest NFHS 1998-99 data reveals an increase in female sterilization (by married women in the age group : 15-49 years) from 27 percent of couples in 1992-93 to 34 percent. However, overall, the increase in the use of modern temporary methods is much less, with slight increases in pill and condom use while IUD use has actually declined.

There are two main elements to contraceptive use. First, there is a lack of knowledge of appropriate methods for adolescents. The majority of adolescents know about sterilisation, which is unsuitable for them. Female sterilisation constitutes the most common method of contraceptive use and accounts for most of the increase in family planning practice. Second, even when knowledge of contraceptive methods may be prevalent, the contraceptive needs for temporal/ spacing methods (which are most appropriate for adolescents) may not be met. Surveys show that only one-third of the need for spacing methods is satisfied, whereas a far larger proportion of the need for permanent, or limiting methods, was met (NFHS

1998-99). For adolescents, this unmet need must be even greater. Availability of this basic service would be instrumental in reducing a host of RH-related problems.

Chart 5 : Knowledge of family planning methods



Source : Indian Institute for Population Sciences, 1995

1.7.5 Maternal mortality

Fifty percent of adolescent girls aged 15-19 years are already married, resulting in early conception and high risks of maternal mortality. India faces a major challenge in its attempt to overcome social biases and prejudices against girls and women, and to meet adolescents' growing needs for education, health care and social and economic opportunities.

('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

Maternal mortality is one of the most serious health problems in India, and accounts for a major portion of deaths among women. Maternal mortality rates are particularly high for adolescent girls due to a possible combination of factors such as poor nutrition, early marriage, high fertility and early child bearing. In general, young adolescents are twice as likely to die as women older than 20 from pregnancy-related causes (Mehta, 1998). Socio-cultural factors, such as the stigma attached to unwed motherhood and, therefore, the prevalence of abortions only serves to increase the incidence of mortality.

Maternal mortality among adolescents is caused by several inter-linked factors – susceptibility to medical complications (as the body has not yet reached full maturity), lower utilisation of health services such as antenatal or delivery care, poor nutrition (maternal mortality is five times higher in anaemic women), reproductive risk factors and social factors such as stigma of unwed motherhood. Abortions, however, account for a smaller proportion of deaths due to causes related to childbirth and pregnancy, in comparison to medical problems like bleeding (Table 6). Access and utilisation of services is also important in recognising and preventing pregnancy-related complications such as hypertension and anaemia. Interventions to improve the status of adolescent girls should aim to impact upon the decision-making powers of adolescent girls which will then affect the other causes of maternal mortality.

Table 6 : Percentage distribution of deaths due to causes related to child-birth and pregnancy recorded in the survey of causes of deaths

Causes	1989	1994	1995
Abortion	10.9	12.6	17.6
Toxaemia	7.9	13.1	7.9
Anaemia	20.3	19.3	17.0
Bleeding of Pregnancy & Puerperium	23.8	23.7	28.9
Malposition of child leading to death of mother	10.9	6.4	4.0
Puerperial Sepsis	5.9	10.6	8.5
Not Classifiable	20.3	14.2	14.1

Source: CSO, Women and Men in India 1998, page :19.

Maternal mortality aside, the health of adolescent girls can have severe intergenerational effects. Early age of marriage and low weight cause complications during pregnancy. Low weights of adolescent girls during pregnancy results in babies suffering from low birth weight. Further, infant mortality is higher for children of adolescent mothers. The inter-generational consequences of adolescent health are a compelling reason for the development and expansion of ARH facilities.

1.7.6 Sexually transmitted diseases (STDs), including HIV/AIDS

Sexual behavioural patterns indicate low levels of contraceptive use, even for first sexual encounter for

boys with commercial sex workers. Such a scenario is conducive to the spread of STDs, including HIV/AIDS. However, there is a paucity of adequate age-specific data related to the transmission of STDs and HIV/AIDS in India, and the issue of STDs among adolescents has been largely ignored by policy makers. With the spread of HIV/AIDS, this has been changing, and there is an increasing recognition of young people as a vulnerable group (both due to sexual behaviour, and in young girls, susceptibility to the HIV infection) and of their potential as a 'force for change'. Young people between the ages of 10 and 25 years make up 50 percent of all new infections. In India the epidemic continues to shift towards women and young people (India Responds To HIV/AIDS, UNAIDS, 1999).

Information on adolescents in India segregated by sex and age among remains scarce, and the little data available is from clinical sources, which hide the low access and utilisation of health services by females. Smaller studies provide some indication of the high incidence of STDs and RTIs, especially among adolescent females (for example, in a study among tribal girls in Maharashtra, 10 percent of girls were found to be suffering from syphilis), but they are unrepresentative of the national scene (MOHFW Country Paper, 1998). The epidemiological survey of HIV/AIDS in India is limited. Estimates indicate that there have been about 3.5 million persons with HIV infection in the year 1999. In certain areas, such as the North-East and certain high-risk groups, the incidence of infection is higher.

Young people are vulnerable to contracting STDs due to the early onset of sexual activity, low contraceptive use and likelihood of partner change. The gender dimensions of RH are apparent, with young women being biologically and socially more vulnerable to STDs and HIV/AIDS. For commercial workers, this represents a major health risk which is increased by ignorance and lack of information. In the most affected state of Maharashtra HIV has reached 60 percent in Mumbai's sex workers. A study conducted among sex workers in Calcutta confirmed that the prevalence of STDs and HIV was one percent and 90 percent respectively. Significantly, only one percent used condoms on a regular basis (Mehta 1998: Page : 15). There are clear linkages between STDs and HIV, with STDs increasing the vulnerability to HIV, and any strategy for HIV/AIDS must address the inter-relations between the two.

Information and knowledge about HIV/AIDS is critical for inducing preventive behaviour. The government has recognised this and the National AIDS Control Organisation is actively working to spread AIDS awareness in schools and colleges through integration of AIDS training into the curriculum. Further, India's National Aids Control Programme in its second phase of implementation (1999-2003) has identified certain challenge areas. One of the challenges recognized is a need to go beyond high-risk groups and address behaviour change in the general reproductive age-group which includes young people. The challenge lies in developing a behaviour change programme that fully covers the 'at risk' population. As indicated earlier, knowledge of STDs and RTIs is extremely poor among adolescents, but the desire to learn more is high, particularly among adolescent boys.

Knowledge on HIV/AIDS and STDs will be ineffective, unless adolescents are equipped with the social skills to negotiate sexual behaviour and understand the importance of preventive behaviour. Various studies and surveys have highlighted the critical need for Life Skills[@] education, especially for adolescent girls. Despite the controversial nature and sensitivity of sexual health education, reviews of programmes across the world present strong evidence of

[@] Life skills are defined by WHO as 'abilities for adaptive and positive behaviour to enable individuals to deal with the demands and challenges of everyday life'. Life skills aim at promoting mental well-being and competency in young people.

education translating into lower risk behaviour.

Finally, HIV prevention strategies depend on the twin elements of care and support for those living with HIV/AIDS. For young people, this would include the provision of youth friendly services, and the need to directly involve young people as peer counsellors and in the development of these services. Confidentiality, gender sensitivity and accessibility are prerequisites for such ARH services.

HIV/AIDS prevention programmes have been most successful with young people as they prove to be the group most receptive to messages about safer sex behaviour. Addressing the needs of this group and directing prevention programmes towards them is a very good investment. It is important to invest in general education as it is to promote condom use. There is a need to involve men and ensure that male sex behaviour is matched with what is safe and acceptable to women ("Young People and HIV/AIDS" – Paper by Dr. Peter Piot, UNAIDS at Executive Board Special Event : Panel Discussion on Adolescent Reproductive Health, 13 June, 2000, Geneva)
Suggested policy actions :

- Reflect the rights of young people in national policies – to deny these rights in the area of HIV/AIDS can be fatal
- Expand access to small-scale projects which equip young people with the knowledge and skills to protect themselves from HIV and enable them to adopt responsible sex behaviour
- Increase investment in education and life-skills training so that young people are empowered to go through life in a healthy way
- Address the wider social context of vulnerability - in particular, invest in girls' education and work in the area of gender roles
- Address the needs of adolescents who are infected

1.8 Drug abuse

Adolescents and youth, with their penchant for experimentation and exploration of new ideas and activities are especially vulnerable to drug abuse, and form the majority of drug users world wide. In India, it is estimated that most drug users are between the age group of 16-35, with a bulk of them in the 18-25 age group (Table 7). This group should, therefore, be at the heart of any drug demand reduction programmes. In India, in the North Eastern states, drug abuse among young people has become a major problem, threatening the social fabric and structures of society.

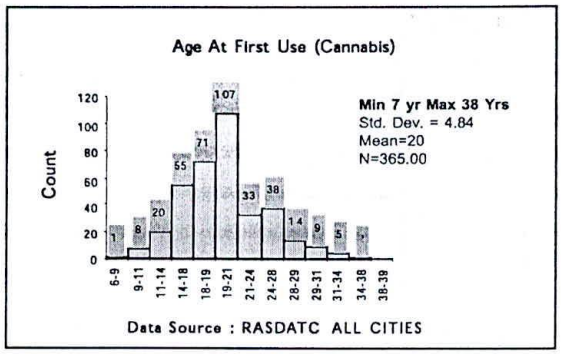
Table 7: Age-wise break-up of drug users

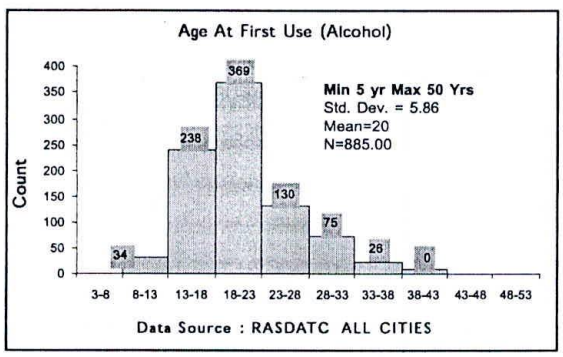
Age group	No. of abusers	%
12-17	778	4.54
18-23	2373	13.86
24-30	5178	30.25
31-45	6041	35.30
46-60	2142	12.51
61+	600	3.5
All India	17112	100

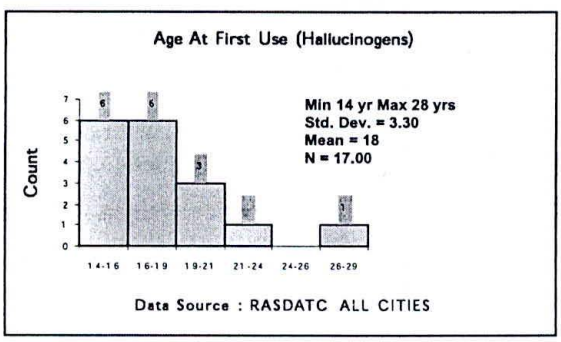
Source: MOHFW Country Paper, 1998

Though the actual age of first use of drugs varies, studies reveal that a considerable number begin taking drugs below the age of 18 (Chart 6), and sometimes as young as 5,6 or 7 years. The use of drugs and lifetime habits are formed during this age, and can lead to gradual increases in the intensity of drug use and addiction from alcohol or cannabis to 'hard' drugs.

Chart : 6 : Age at first use (of drugs)







Source: UNDCP, RASDATC, 1997

Drug abuse is linked to other socio-economic factors such as literacy, economic background, unemployment and gender. The highest risk groups are male, illiterate and semi-literate youth from rural communities. Street children constitute another major risk group, and several interventions to curtail drug abuse among this group have been initiated.

Drug use has two major side-effects – it increases the risk of contracting HIV/AIDS, and it is linked with higher crime rates and anti-social behaviour. These reasons provide a strong case for serious efforts to curtail the problem. However, as with STDs and HIV/AIDS, treatment, prevention and rehabilitation of drug users requires a culturally sensitive, easily accessible health care system, capable of responding to the individual needs of adolescents. Integration of awareness of drug abuse and its consequences in the curriculum, reinforced by life skills education to negotiate and withstand peer pressure and reduce risky behaviour can be identified as effective strategies.

1.9 Violence against women, sexual abuse and trafficking of girls

The incidence of adolescent rape (10-16 years) increased by 26 percent between 1991 and 1995 (in India). Alcohol abuse, in both domestic and non-domestic settings, appears to be the main cause of adolescent rape. Dowry killing is a particular form of violence reported to be more common in India than elsewhere in the region (South Asia). ('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999).

The issue of violence against women has become a major global campaign, attaining greater recognition since the Fourth World Conference on Women. Violence against women is another culturally sensitive issue, as it is embedded in social and power relations. Within it, the issue of violence against girls is a cause for concern. Violence against women and girls can be identified as one of the most pervasive form of the violation of human rights. However, like practically every other sphere, data and information on violence against girls is inadequate and prevents a greater understanding of the magnitude of the problem. Even reported cases, most well-documented for rape, would be an under-estimate of the actual magnitude due to the large number of unreported incidents. Nevertheless, the available data indicate that a high incidence of rape occurs in the 10-16 year age group, and the trend has not shown any significant changes in the past few years (Table 8).

Table 8 – Victims of rape by age groups

Year	Age Group		% share of child rape victims of total rape victims
	Below 10 years	10-16 years	
1991	1099	2630	35.8%
1992	532	2581	26.5%
1993	634	2759	27.8%
1994	734	3244	30.2%
1995	747	3320	29.5%
% change in 1995 over 1994	2.7%	1.9%	

Source: CSO, Women and Men in India 1998 and MOHFW 1998 page :38.

Sexual abuse also appears to be prevalent in India, but due to the absence of data and studies, this cannot be conclusively verified. However, the available data present a disturbing picture. For instance, a study by NIMHANS, Bangalore (1994) revealed indicators of Indian girls suffering from abuse, usually by persons known to the victims. According to government statistics about 35 percent of cases of sexual assault are against minors and a fifth of the rapes registered in India are of girls aged 10 to 16 years. (NGO Country Report on the Beijing Plus Five, 2000). The problem of violence against women and girls, which constitutes a violation of human rights and inflicts severe mental and physical injuries to the victims, has not been adequately examined and analysed. In particular, the health system along with the law enforcement agencies in India need to be sensitised on the handling of this problem. The importance of education in this regard need not be overemphasized.

> Domestic violence is sensitive....to women's education.....Yes, education empowers women. But it also changes the dynamics in households and thus changes norms.
> (UNDP, Human Development Report, 2000)

Related to violence against women is the continued persistence of trafficking of women and children in India. Trafficking is a complex problem, the causes of which can be traced to poverty, migration, tourism, low levels of education and skills, and the trends of globalisation and liberalisation.

Trafficking is another area where lack of reliable data and information prevents an accurate estimate of the problem. Difficulties in obtaining data are augmented by the nature of the problem - the illegality, wide dispersal and spread across several countries, and the social stigma involved. Various estimates, however, point to the existence of a thriving sex trade involving women, girls and children. The Central Social Welfare Board survey in 1991 indicates that 40 percent of the population were inducted when they were less than 18 years old. The National Commission for Women, which is actively working- to combat the problem, suggests that these figures may be rising. According to a study by the Centre of Concern for Child Labour (1998), out of nearly 9 lakh prostitutes in the country, about 30 percent are below 14 years.

The problems of young girls in prostitution, and the demand for young girls is linked to the social and cultural conceptions relating to virginity (it is commonly believed that sex with a virgin is a cure for STDs, including HIV/AIDS) and gender relations. For young girls, this results in a variety of problems. For certain communities with a history of community-based prostitution, e.g. the Bedias and Bancharas and religion-based prostitution, the exploitation of girls is routine and part of the ritual of 'growing up'. For young girls, lack of negotiation powers increases their vulnerability to HIV/AIDS. Aside from this, trafficking results in loss of freedom and also a host of other physical and emotional problems.

Attempts to redress the problem of trafficking are complicated by the need for regional and international co-operation. Countries in the South Asia region are now taking action to reduce the incidence of trafficking, and it is also a priority for the SAARC Decade of the Girl Child (1991-2000).

1.10 Literacy and education

The benefits of education, for the individual and the overall development of the nation, are well-known. The positive links of women's education with lower fertility, child mortality and other social development indicators have also been well established. In this context, education and literacy should be a prime concern for policy makers.

An overview of the literacy situation of Indian adolescents reveals a picture of steady progress in literacy, but wide gender disparities prevail. The literacy levels of the adolescent age group are a measure of the overall progress in the education sector since independence. However, reforms of the education sector, the need to address problems of access, quality of schooling, and incentives to increase enrolment and retention rates are still required.

At the same time, the progress achieved in increasing literacy rates should not be undermined. The literacy rates based on the NSSO Survey 1998[@] indicates significantly greater progress in the achievement of literacy of the 15-35 age group, which has been the focus of the National Literacy Mission (NLM 1999: 6). The NLM was also awarded the UNESCO NOMA Literacy prize in 1999 for its efforts, among others, to promote women's equality. These efforts have been responsible for the increase in female literacy by 11 percent between 1991 and 1997 compared to a corressponding 9 percent for males in the same period (Department of Education Annual Report 1999:88).

However, the gender divergence in educational achievement is a persisting problem. The gross enrolment ratio (GER) for girls lags behind boys for all ages, but declines at the middle levels (Table 10). However, sex differences in enrolment in middle classes are still conspicuous as shown by Chart 7. It is contended that girls' access to education is linked to factors such as sibling care, mobility, increase in domestic responsibilities, lack of female teachers and sanitation facilities in school and early marriage. While the gap between male and female enrolment appears to have stabilised in recent years, it also needs to be reduced. To a large extent, this can be achieved by greater understanding of the competing

Table 9: Percentage of literates by age and sex

Age group	1961		1971		1981		1991*	
	Male	Female	Male	Female	Male	Female	Male	Female
10-14	54.4	28.4	59.8	38.1	66.8	44.8	77.0	68.8
15-19	52.0	23.8	63.4	37.7	66.1	43.3	75.3	65.8

* Due to the conceptual change in the definition of literacy, the 1991 figures are not strictly comparable with those of previous years.

Source: CSO, Youth in India 1998, page : 44.

[@] The literacy figures cited by the National Literacy Mission are based on the NSSO Survey 1998 53rd Round. The NSSO survey is of fewer households than the Census on which the 1991 literacy figures are based. Therefore, a comparison may be subject to question. It may be more useful to consider the NSSO data as a sign post of change, rather than a concrete indicator.

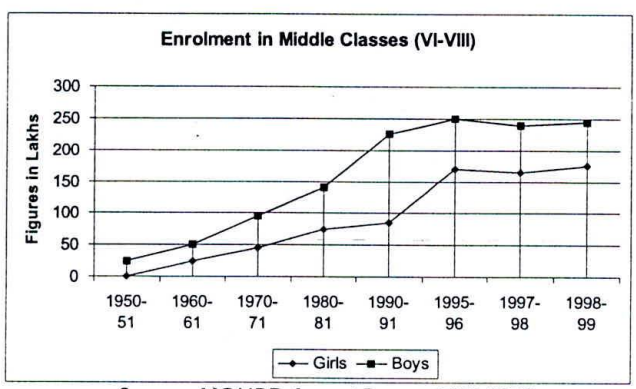
interests of household work, paid labour and female education. For example, provision of day care for siblings can have a significant impact upon the school attendance of adolescent girls (Greene 1997:12). Gender gaps are magnified in scheduled castes and scheduled tribe communities, and within an overall gender-sensitive education policy, these groups also require special attention. For India, overall, the Gross Enrolment Ratio, for SCs, has been 87.57 for the age group (6-11 years), with the ratio being 77.95 for females and 96.55 for males, while for the age group (11-14 years) it has been 62.09, with the ratio being 50.96 for females and 72.12 for males. Further, the Gross Enrolment Ratio for STs in the age group (6-11 years) at the all India level has been 85.09, with the ratio for females being 73.22 and that for males being 96.89, while for the age group (11-14 years) it is 52.20, with the ratio for females being 40.48 and that for males being 63.37 (Department of Education, Annual Report 1999-2000).

Table 10: Gross enrolment as percentage to the total population by age and sex

Year	Age group (6-11 years)		Age group (11-14 years)	
	Male	Female	Male	Female
1970-71	95.5	60.5	46.5	20.8
1980-81	95.8	64.1	54.3	28.6
1990-91	114.0	85.5	76.6	47.0
1991-92	112.8	86.9	75.1	49.6
1992-93	95.0	73.46	72.5	48.94
1993-94	90.04	73.1	62.1	45.4
1994-95 p	114.8	92.6	79.0	55.0
1995-96 p	114.5	93.3	79.5	55.0
1996-97 p	98.7	81.9	70.9	52.8
1997-98 p	97.7	81.2	66.5	49.5
1998-99 p	100.86	82.25	65.2	49.08

p – Provisional
Source: MOHRD, Selected Educational Statistics 1998-99.

Chart 7 : Enrolment in middle classes (VI-VIII)



Source : MOHRD, Annual Report 1999-2000, Department of Education

Simultaneously, the momentum on enrolment of males must be maintained, and the perceived decline in male enrolment ratios in the past few years should be prevented. Educational attainment also varied widely according to regions. Kerala, for instance, has an overall higher level of literacy, and enrolment than Rajasthan. Gender disparities between regions are particularly evident. As an illustration, while in Kerala, girls enrolment in the 11-14 age group was 93.24 percent (only slightly behind male enrolment at 97.15 percent), Rajasthan lags behind on female enrolment at 33.60 percent. More telling is the gap between males and females – male enrolment is almost double at 78.57 percent.

If enrolment can be increased, the next major challenge is to keep children and adolescents in school, that is, to maintain the retention rates. Unfortunately, high drop-out rates remain a consistent feature of the Indian educational system, particularly

for girls (Table 11). According to the Annual Report 1999-2000, gender disparities are conspicuous with regard to enrolment and retention rates. The enrolment rates for girls at the primary and upper primary stages has increased significantly in 1998-99 as compared to 1950-51. But disparities still persist as girls account for only 43.5 percent of enrolment at the primary stage and 40.5 percent at the upper primary stage. The report points out that drop-out rates for girls are much higher than that of boys at both these stages.High drop-out rates are not related to financial constraints alone, as they occur despite huge subsidies by the state, with 77 percent students provided free education at the primary level (NSSO 1998, page : 22). Among the reasons cited for drop-outs: child not interested in studies, financial constraints, parents not interested in education, and participation in other economic activities were most frequently mentioned (in that order). While this finding presents pointers for improvement in the education system, the reasons for non-enrolment and retention are adequate justification for gender sensitive policies. In the case of males, financial constraints are the main reason for non-enrolment, while for girls the main reason is the attitude of parents. The reason of 'child not interested in studies' was the least mentioned for urban females, implying unmet demands for education (NSSO 1998, pages : 33,35). Such findings strengthen the need to place adolescent interventions in societal and familial contexts and to recognise divergences between the demands of adolescents and parents.

Table 11: Drop out rate (percent) at different stages of school education

Year	Primary (I-V classes)		Middle (I-VIII classes)		Secondary (I - X classes)	
	Girls	Boys	Girls	Boys	Girls	Boys
1970-71	70.92	64.5	83.40	74.60	NA	NA
1980-81	62.50	56.20	79.40	68.00	86.60	79.80
1990-91	46.00	40.10	65.13	59.12	76.96	67.50
1992-93	44.30	43.83	62.40	56.10	75.87	68.55
1994-95 p	37.79	35.18	56.53	50.02	73.78	67.15
1996-97 p	39.37	38.35	51.89	52.77	66.82	73.04
1998-99 p	41.22	38.62	60.09	54.4	NA	NA

P: Provisional
Source: CSO, Women and Men in India 1998, page : 47; MOHRD, Selected Educational Statistics 1998-99

1.11 Work force participation rates

Work Force Participation Rate should not be applicable to the younger adolescent age group (10-14 years). However, despite constitutional and legal provisions [Child Labour (Prohibition and Regulation) Act, 1986], children continue to be employed and occupied in work. According to the 1991 census estimates, of about a total of 200 million children in the age group of 5-14 years, some 11.28 million children are child labourers. However, NGO estimates of child labour in India range from 40 million to over 100 million (Common Position Paper of the UN System in India on Child Labour, 1998). Child Labour constitutes a violation of children's rights, and also results in injurious and long- term effects on the health and education status of children[4]. A comparative study of working children and school children in India showed that working children are more likely to be of lower height and weight. In a similar study, working children's health was considerably inferior to non-working school children (ILO 1996). Gender differences can also be perceived in the composition

[4]Child Labour is being referred to as an adolescent issue as it affects many children in the 10-14 age group. Moreover, both the Convention on the Rights of the Child (CRC) and the ILO Convention on Child Labour define children as under the age of 18 years, which includes almost the entire adolescent group (based on the WHO definition).

of child labour, with girls working mainly as domestic labour, and boys in construction, fields etc (which has implications for their exposure to hazards).

Estimates of the number of children employed are difficult to obtain. Such 'invisibility' is greater for girls, as they mainly work in the domestic sector. One of the first priorities for action should, therefore, aim to make child labour a more visible issue.

Data availability also hinders a comprehensive analysis of the older adolescent age group (15-19 years). Official statistics are available for the 15-29 age group, but the Census data is not dependable for an estimate of the number of unemployed. Also, the Census has tended to underestimate the number of women workers, preventing a comprehensive analysis of gender and age-wise distribution of employment. If the alternate data of the NSS is used, prior to 1987-88, data was not compiled by five-year age groups, which thus does not permit a comparative analysis over time and age group. An analysis of the NSS data from the period of 1987-88 and 1993-94 is the main source of reliable information on adolescent employment patterns.

Labour Force Participation rates (LFPR) of the 15-19 age group are relatively high, with more than half of the male population engaged in productive activity. The last survey period of 1993-94 witnessed a decline in the LFPR, which can be attributed to the increase in numbers attending an educational institute[5] (Table 12).

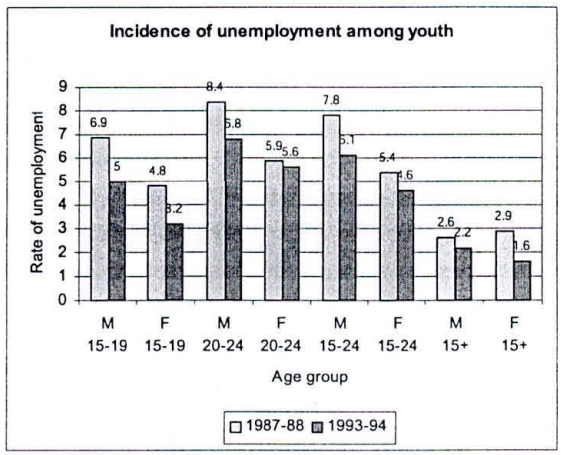
Table 12 : Labour force participation rates (usual status) of youth

Age group :	15-19		20-24		15-24		15+	
Year	Males (M)	Females (F)	M	F	M	F	M	F
1987 -88	58.1	35.3	88.3	41.5	71.9	38.3	86.1	43.1
1993-94	54.7	30.7	86.5	40.6	69.6	29.7	85.5	42.2

Source: ILO, Visaria: Unemployment among youth in India, 1998

The increase in the numbers attending educational institutions has not reduced the level of unemployment among youth in India, with data confirming the much higher unemployment rates among this age group (Chart 8). Overall, the unemployment rates were almost three times as high for adolescents as that among persons aged 15 and over. Unemployment rates also differ among urban and rural adolescents, particularly in terms of status. For instance, the decline in rural unemployment is less for daily status than for urban adolescents (as opposed to usual and weekly status) reflecting the prevalence of underemployment among rural adolescents (ILO, Visaria 1998).

Chart 8: Incidence of unemployment among youth



Source: ILO, Visaria: Unemployment among youth in India, 1998.

The state of underemployment is even more marked for young women, particularly in urban areas. In surveys, urban young women displayed a willingness and an interest in work (in addition to their domestic duties) such as tailoring (ILO, Visaria 1998). It is also plausible that the interest displayed

[5] No detailed breakdown of the type of educational institution was available, otherwise it may have been a revealing exercise to gauge the perceived importance of different types of institutions (NFEs, vocational training courses, universities and colleges etc.) and would also be helpful in formulating education policy (to link it with employment opportunities).

in supplementary activities is related equally to a desire for economic gain.

A general data survey suggests that high rates of unemployment is a major issue for adolescents. Some of the reasons for higher unemployment include (ILO, Visaria 1998).

(i) Lack of training for work - Lack of experience and training forms a severe hindrance for urban youth, with the majority of urban unemployed constituting of new entrants to the labour force and those seeking work for the first time. The problem is less acute in rural areas where the dominance of agriculture permits the inclusion of rural adolescents into the family farm without any formal training.

(ii) Acceleration of population growth and mortality decline - This appears to be a classic case of mismatch between supply and demand. While population growth and fertility trends have increased, the numbers entering the work force, at the other end, declining mortality rates have reduced the recruitment rate. However, as declines in mortality are a welcome development, this cannot really be raised as a policy concern.

(iii) Expansion of education - With the increase in numbers attending educational institutions, the nature of work opportunities sought has also changed, and has resulted in the problem of unemployment of graduates. Adequate vocational training is a possible solution to this problem, but with the continued links between formal education and salary structures, the demand for vocational training remains low. Altering the structure of unemployment would require a policy focus on linking jobs with skills acquired or performance capacity, and not formal qualifications.

(iv) Slow growth of the economy until the 1980s - Economic growth is critical for the expansion of economic and employment opportunities. The links between the slow growth of the economy in the 1980s and the prevalence of high adolescent unemployment illustrate the importance of macro level policies to sustain specific micro/macro level interventions for particular age groups.

(v) Quality of education and the employability of the educated - The close relation between education and work force participation has already been mentioned earlier. Education, or the learning of basic skills, is undoubtedly important for employment and productivity. However, questions can be raised about the quality of the education of young unemployed and their "capacity for the type of work they aspire for". The educational system must respond to this challenge of improving the output (in terms of quality of education, skills learned, performance in examinations and so on) of the educational system, and crucially, recognising the need for practical skills (along with the traditional emphasis on theoretical knowledge).

In sum, unemployment is a critical area for intervention by policy makers. The urgency of changing the present situation is based on the understanding of the potential negative implications of unemployment - of frustration and deviant behaviour. The costs of such anti-social behaviour are high. The solution lies mainly in forging closer ties between education and employment opportunities and productivity.

1.12 Conclusion

The problems of adolescents are multi-dimensional in nature and require a holistic approach. From the analysis of the status of adolescents in India, the invisibility of adolescents in policy and service delivery emerges as the most critical problem. Yet, it is evident that adolescents have unique and serious concerns and needs that should be addressed separately. The first step should be a concerted effort to increase the level of data and information on adolescents, which would serve the dual purpose of providing a tool for advocacy, and to suggest directions for future policy. Policies and programmes for adolescents cannot exist in isolation, and their success will be dependent on the extent to which they are embedded in the social, parental and familial intervention settings. An encouraging sign of change is occurring post-ICPD. The increased attention to adolescent issues needs to be sustained and integrated into the overall development planning process.

Some issues :

- Inadequate data availability
- Scarcity of age and gender disaggregated data
- Adverse sex ratio
- High female adolescent mortality rates, specifically maternal mortality rates
- Unmet nutritional needs
- High adolescent fertility
- Low knowledge of family planning methods
- Vulnerability to STDs, HIV/AIDS and drug abuse
- Sexual victimization
- Child labour and unemployment

Some questions :

- What are the UN System's interventions?
- How sensitive are the government's policies to the needs and concerns of adolescents?
- What is the extent of the government's programmatic focus on adolescents?
- What are the initiatives taken by non-governmental organizations?

The above mentioned issues and questions can be examined against a background framework of the major demographic, socio-economic and reproductive health characteristics defining the situation of adolescents in South Asia :

- Large and rapidly growing adolescent populations
- Improved levels of literacy
- Low levels of educational achievement
- Persistence of gender disparity in school enrolment
- High labour force participation and unemployment rates
- Gender disparity in labour force participation rates
- Persistence of early marriage
- Persistence of early childbearing
- High and increased adolescent fertility
- Shorter birth intervals and unplanned births
- Poor nutrition and unsatisfactory antenatal care

- Higher risk of infant and maternal mortality
- Low use of contraceptives and high unmet demand for family planning
- Inadequate efforts to promote RH and family planning
- Early onset of pre-marital sex and induced abortion
- Lack of information and services
- Lack of protection against sexual abuse and violence
- Large number of missing women
- Lack of policies on adolescents

('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

2.1 Introduction

While strategies for adolescents can be traced back to the 1970s and 1980s, the International Conference on Population and Development, (ICPD), 1994, was largely responsible for emphasizing the special needs of adolescents and placing adolescents firmly on the UN policy agenda. The UN system has responded to the Programme of Action outlined in ICPD by renewing efforts and interventions for adolescents across the policy and programme spectrum. Several organisations have formulated detailed strategies on adolescents and youth, and have integrated adolescent activities into all programmes. However, with a few exceptions, the focus on adolescents is not yet clearly defined within the UN system, with adolescent concerns being merged with youth or children. A separate, distinct emphasis on adolescents can be discerned mainly in the reproductive health programmes, or in examining the issues relating to adolescent girls. Although both reproductive health and the needs of adolescent girls are vital issues, for a holistic framework for action on adolescents, a wider gamut of interventions incorporating different sectoral goals is required. A major area of intervention is the need for information expressed by all adolescents at all major conferences and Declarations. It may be worthwhile, in the development of a comprehensive UN system strategy, to note the observation of the adolescents of South Asia: "We greatly lack proper and correct information and guidance, especially related to our bodies' physiological and psychological changes." (The South Asia Conference on Adolescents, UNFPA CST for CASA, 1999)

2.2 Who are adolescents?

If you cannot be put in a pigeon-hole they tend to leave you out.

- J.B. Priestley

Programmes of the UN system rarely demarcate adolescents in the spectrum between childhood, adolescents and adulthood. In most cases, although programmes are directed at and benefit adolescents, they are not mentioned explicitly. Adolescents are usually included in the categories of children or more often, youth. However, if adolescents are to be given policy priority, then this substitutability of definitions (of youth, adolescence, and childhood) must be replaced by a distinct focus on adolescents as a group. At the lower end of the adolescent group, the 10 – 15 year group are in the danger of being left out, as they do not fall under the categories of "child" (unless as defined by the Convention on the Rights of the Child, but for operational purposes, policies are usually directed at those under 10 years) or "youth". Unless a separate label of adolescents is created with defining criteria for identification, policies will not be directed at this target group. Creating this label may also stimulate mobilisation around the concept of adolescence, a process which has not yet taken root in India.

2.3 Adolescents and the UN system

The traditional invisibility of the adolescent age group in policy and programmes is gradually changing with most UN organisations actively encouraging activities directed towards this target group. Innovative programmes and a variety of approaches are being adopted, and adolescents are being projected as a

priority theme for activity by several organisations for the ongoing as well as the next programme cycle. The marked increase in activities after ICPD is indicative of the impact and the influence of UN conferences on the work of UN organisations. In India, international directives have been strengthened by the declarations and the outcomes of the South Asia conference on adolescents organized by UNFPA in July 1998. The distinction between adolescents and youth is still blurred but there is a growing awareness of adolescents as a separate group, and several organisations are adopting the WHO definition of adolescents.

2.4 Overview of programmes on adolescents

Activities related to adolescents: A summary description

Almost all the UN organisations in India are working with adolescents, but they differ in the emphasis placed on adolescents and on the issues covered in the programmes. Essentially, one categorisation of the work of UN organisations can be in terms of direct and indirect activities relating to adolescents. As the terms imply, direct activities refer to those programmes and projects in which adolescents (or children and school students) are mentioned explicitly, in the objectives, in the target group, as participants or in the outcome. Conversely, indirect work with adolescents refer to activities in which adolescents form part of the target group or are affected by the programmes, or in which adolescents are integrated into the overall programme[©].

[©]Programmes in which there is a recognition of the concerns of adolescents, and a focus on adolescents is mainstreamed into all activities, can also be classified as direct activities. However, for the purpose of classification, if there is no explic it mention of adolescents (but it is assumed that their needs and concerns are incorporated), they are classified as indirect activities. For example, adolescents are mainstreamed into all UNICEF activities, but those programmes which do not explicitly mention adolescents are placed in the indirect category.

Table 14 provides broad details of the direct and indirect activities of each UN organisation[7]. Further details of projects and programmes will be provided in the maps of the individual organisations which are going to be a part of the IAWG – P&D website (linked to the main UN system website : www.un.org.in)

TABLE 14[8] Activities on adolescents by UN organizations.

UN ORGANISATION	DIRECT ACTIVITIES	INDIRECT ACTIVITIES
FAO	The "Youth against Hunger" campaign promotes activities that aim to raise awareness of environment and food security issues (through school orchards, horticulture projects and information dissemination) and to encourage the participation of youth and adolescents in solving the problems of world hunger.	(i) Research and training on population and development dynamics in fishing communities looks at the dynamics of adolescent populations. (ii) Programmes on food quality and safety affect vulnerable adolescent consumers. (iii) Adolescent girls are major beneficiaries of programmes for the elimination of micronutrient includes planned programmes for leprosy patients). (iv) Studies on food insecurity and vulnerability information and mapping systems (FIVIMS) examine indicators affecting adolescents such as child birth, early pregnancy and so on.
ILO	(i) ILO is committed to the elimination of child labour (which	ILO's general programmes for worker rights would affect working

[7] The details of programmes are based on the interviews with the focal points at each organisation, and the information provided by them.

[8] The length of programme details is not necessarily an indication of the intensity or level of support for adolescents. Each organisation has provided different types of information (for instance, some have provided information on projects, others on programmes) and the number of programmes also differs from organisation to organisation, therefore, they cannot be compared.

	includes adolescents) through its International Programme (ii) ILO's Programme for Youth Employment highlights and analyses issues of youth unemployment. Past activities include a study on youth unemployment in India. (iii) The ILO-SAAT office supported a programme for Women's Entrepreneurship by the NGO MAMTA which aimed to increase the entrepreneurial skills of adolescent girls.	adolescents, particularly in the older age group. Its emphasis on separate programmes for women would also affect adolescent girls.
UNAIDS	(i) The World AIDS Campaign for three successive years, 1997 ('Children Living in a World with AIDS'), 1998 ('Force for Change – Campaign withYoung People') and 1999 ('Listen, Learn, Live!') focused on raising awareness among youth and adolescents about HIV/AIDS and on strengthening AIDS programmes with children and young people. (ii) Young People Talk AIDS, now called 'Students Talk AIDS' is a nationwide campaign to educate and mobilise youth as also school students around the issue of HIV/AIDS. (iii) UNAIDS is actively working to integrate the issue of HIV/AIDS and Reproductive Health education into the school curriculum. (iv) UNAIDS is working with the government to reactivate and energise a Task Force on Youth.	UNAIDS' emphasis on high-risk groups would indirectly affect adolescents, for example, the children of commercial sex workers.

UNCHS		(i) The programme for improvement of slums in Hyderabad would also benefit adolescent slum dwellers. (ii) The Forum on 'Safer Cities' would benefit vulnerable adolescents, mainly street children. (iii) The 1999 World Habitat Day Forum on 'Cities for All' provided a platform for the 'voices' of the poor, including adolescents.
UNCTAD	(i) UNCTAD is increasingly concerned about the issue of child labour and is planning to initiate activities in India on this issue.	(i) UNCTAD's studies on the impact of globalisation on vulnerable groups like women, children and adolescents raise awareness on these issues. (ii) Projects on Trade, Investment, Environment and Development in the manufacturing sector affect adolescents, many of whom are employed in low-skills manufacturing industries.
UNDCP	(i) Youth and adolescents are the main focus of the Community Wide Drug Demand Reduction programme in the Northeast where the percentage of adolescent drug users is perceptively higher than the rest of the country. (ii) UNDCP supported efforts to reduce risk taking behaviour related to drug abuse, HIV/AIDS and STD among street children in four metropolitan cities. (iii) The Community Wide Drug Demand Reduction programme in India targets adolescents and children both in and out of school.	(iv) The DAPC (Drug Abuse Prevention Centre) grant for innovative NGO projects can be used for adolescent projects, for example, it provided funds for a project (completed) on street children.

	(v) A sub-programme of the nationwide community drug demand reduction programme aims to use sports to divert attention away from drugs and induce behavioural change among youth.	
UNDP	(i) The school health programme will concern itself with the health problems of older school going children from deprived families and address the issue of absence from school due to poor nutrition. (Programme yet to be signed). (ii) Activities in the HIV/AIDS programme include the rehabilitation of children (including adolescents) of commercial sex workers. (iii) The Health Programme will include a separate focus on support for children with disabilites and their integration into the education system. (iv) The SCOPE project attempts to address the special needs and vulnerabilities of adolescent girls. (v) The sub-programme on Community Adoption and Monitoring Programme for Schools (CAMPS) strives to provide students with the technical know-how and training to assess the environmental status of their localities.	(i) Concerns of adolescents such as health, education, early marriage, child labour and so on are addressed in an integrated manner by the Community Based Pro-poor initiatives. As the sub-programmes develop, it is possible that a separate focus on adolescents will evolve.
UNESCO	(i) The HIV/AIDS programme places emphasis on peer education for adolescents, and HIV/AIDS education for adolescents in formal, non-formal and adult literacy schools	(i) UNESCO promotes the involvement of youth volunteers and adolescents in nation-building activities. (ii) Youth are actively involved in the activities for the International

	(ii) The peer based approach to adolescent and reproductive health education for in-school and out-of-school youth promotes sexual and RH education and the participation of young people in RH activities. (iii) The GOI-UN system joint programme on education aims to provide life skills education for adolescent girls.	Year for the Culture of Peace. (iii) Youth initiatives are being prepared in all thematic areas of UNESCO work.
UNFPA	(i) Population and Development Education Programmes in schools, in the Higher Education system, in post-literacy and Continuing education, and in Vocational Training Programme along with an integration of adolescence education in schools aim to increase awareness of population and development issues among adolescents. (ii) The Reproductive Health sub-programme supports NGO initiatives for adolescent health. For example, CARE is running a programme on adolescent health in Jabalpur, Madhya Pradesh. (iii) The media module developed as part of advocacy initiatives to sensitise the media includes a half-day session on adolescents.	(i) The Haryana Integrated Women's Development Programme impacts upon the health and status of adolescent girls. (ii) The Integrated Population and Development Projects and the District Reproductive Health Projects covering a total of 39 districts examine issues of access to and quality supply of reproductive health services to adolescents. (iii) UNFPA's advocacy initiatives attempt to create an enabling environment for building public support on the issues of adolescent empowerment, including health and education. Most of the initiatives for adolescents are pilot initiatives. For example, initiatives to sensitise parliamentarians on reproductive health and population issues include fostering awareness of adolescent health needs.
UNHCR	(i) The India Office follows the guidelines of the UNHCR Policy Guidelines for Refugee Children and Adolescents and the Machal study on the Impact of Armed Conflict on children (UNHCR runs on a case-by case, not a programme basis).	(i) As part of its overall health care for refugees, UNHCR provides health services and access to health care for adolescents. (ii) Refugee adolescents also benefit from vocational training courses provided by UNHCR.

	(ii) A special school for refugee children and adolescents has been established in Delhi as part of UNHCR's policy to provide education to all refugee children and adolescents.	
UNIC		UNIC raises awareness about issues of concern to the UN, including the role of adolescents mentioned in the ICPD.
UNICEF	(i) The HIV/AIDS programme attempts to provide adolescent health education, including AIDS prevention education. (ii) The Reproductive and Child Health programme directly relates to improving the health status of adolescents, particularly in the Safe Motherhood and the Community Action for Health projects. (iii) One of the major goals of the Childhood Development and Nutrition programme is to reduce malnutrition among adolescent girls and to increase outreach to adolescent girls through ICDS. (iv) Provision of safe water and sanitation through the Child's environment, sanitation, hygiene and water supply programme will reduce the drudgery of fetching water from long distances for young girls, and sanitation in schools will help young girls realise their basic right to education. (v) The Primary Education programmes encourage the establishment of community schools which target adolescent girls. (vi) UNICEF is committed to the elimination of child labour.	(i) The Community Convergent Action programme builds the capacity of communities (including adolescents) to plan and achieve convergence on services for the child, which includes adolescents. (ii) The Advocacy and Information for Child Rights programme advocates attention towards the rights of the girl child. (iii) The Planning, Monitoring and Evaluation programme works to strengthen strategic planning, and the capacity to monitor progress on women's and child rights (which includes adolescents).

	(vii) The Child Protection programme facilitates collective action to eliminate child trafficking and prostitution, which affects many young adolescent girls.	
UNIFEM	(i) Sensitisation, research, documentation on trafficking and prostitution aims to help reduce the problem of trafficking and prostitution of young adolescent girls. (ii) The Violence against Women campaign highlights violence against children and adolescent girls. The campaign actively seeks to increase the participation of young people and advocate for policy. change and behavioural change. (iii) The HIV/AIDS and Gender programme aims to sensitise women's organisations to HIV/AIDS issues. Young adolescent girls are viewed as particularly vulnerable to HIV infection.	(i) Entrepreneurial Skills and Vocational training programmes for women also benefit older adolescent girls and assist them in attaining economic independence and self-reliance. (ii) Efforts to engender the 2001 Census also direct attention towards the girl-child. (iii) Establishing a South Asian Network of Home Based Workers would include a large number of adolescent girls, who are employed as home based workers in South Asia. (iv) The Human Rights programme raises awareness on issues of women's rights, and thereby, also of adolescent girls.
UNV	(i) By educating young people on artisan lifestyles and incorporating the artisan lifestyle into the ICSE curriculum, UNV hopes to increase awareness on alternative value systems and artisan lives among young people. (ii) UNV stresses adulthood work (i.e. education on health, employment and career counselling) to help young people prepare for adult life.	(i) UNV promotes and encourages the spirit of volunteerism among youth.

WB	(i) The Reproductive Health Programme in the next phase (2000-2003) will specifically focus on adolescents, with the conscious inclusion of boys. The current RH programme, with capacity-building, and the development of IEC strategy also focuses on adolescents. (ii) Adolescents have been a clear focus of the IPP VIII projects, and have benefited from adolescent workshops, awareness generation (on family planning, contraceptives etc.), and vocational training. (iii) A major goal of the Women and Child Development programme is to improve the health and nutritional status of adolescent girls through activities such as supplementary feeding, access to health care and so on.	(i) The HIV/AIDS programme focuses on high-risk groups, but adolescents will be indirect beneficiaries.
WFP	(i) The success of the Adolescent Girls scheme in Jhabua, Madhya Pradesh, in improving KAP (Knowledge, Attitudes and Practices) among adolescent girls on health and nutrition issues encouraged the government to introduce the Adolescent Girls scheme in the ICDS. (ii) The Adolescent Tribal Girls scheme aims to improve the KAP on nutrition and health, improve the quality of services provided through the ICDS and empower adolescent girls. (iii) WFP's support to ICDS includes a major component to improve the health and nutrition status of adolescent girls.	
WHO	(i) Sensitisation through Intercountry Orientation Training for Professionals in Adolescent Health is part of WHO's overall	(i) A focus on adolescent health is integrated into all WHO programmes.

	strategy to increase the focus on adolescent health. (ii) Adolescent health needs are specifically addressed through the Reproductive Health & Research, Child Maternal & Adolescent Health and Development programme. (iii) The Women, Health and Development Programme addresses the health needs of adolescents as part of the life-cycle approach. (iv) The Tobacco Free Initiative works to reduce and prevent tobacco use by adolescents. (v) WHO is actively working to implement a situational analysis of the health of adolescents and to develop national strategies on adolescents. Along with UNICEF, UNAIDS, UNFPA, UNDCP, WHO has developed a framework on adolescent health.	
WSP	WSP supports the Rajiv Gandhi Mission to provide school sanitation facilities in all rural schools. This will help increase awareness of sanitation among school students, and through them, the wider community. Provision of school sanitation facilities will also encourage parents to send girls to school and enable them to realise their basic right to education.	

2.5 Sector wise categorisation of programmes

A brief overview of programmes and activities related to adolescents reveals an overwhelming tendency for all programmes to be clustered around health issues, particularly reproductive health issues. This is not surprising, as the biological and physiological changes that characterise this stage of life are the most visible, most immediate need of adolescents. Perhaps, more importantly, addressing the health needs of adolescents is critical for improving the general reproductive health status of the country and for reversing population trends. ICPD also highlighted the health aspects of adolescent concerns, and their importance in this sphere. Nevertheless, other areas, such as education, employment, political and social empowerment are also important, and are being addressed by UN organisations. It is also sometimes difficult to demarcate interventions into sectoral strategies as, increasingly, a holistic and multi-sectoral approach is being adopted by most organisations. Table 15 attempts to make such broad demarcations to identify the areas of work on adolescents (indicated by 'X') by different UN Organisations. This classification is not based on rigid criteria, but is mainly for the purposes of obtaining an overall idea of the programme focus of UN organisations. Clearly, health (mainly reproductive health) emerges as the main sectoral focus. The prominence of education activities can be attributed to the inclusion of population education (which is also related to health). Similarly, some of the economic activities, although separated and classified as economic activities, are part of the RH and Life Skills programmes. Greater emphasis needs to be placed on other issues such as improving the quality of education, linking education and employment, fostering economic independence and so on. Indeed, this was expressed by all UN organisations, and any future strategies could reverse this skew towards health-related programmes.

Table 15 : Areas of adolescent - related interventions by UN organizations

ORGANISATION	HEALTH	EDUCATION (including population education and creation of attitudinal change)	ECONOMIC ISSUES	ADVOCACY, LAWS AND POLICIES	OTHER
FAO	X		X		
ILO		X	X	X (worker's rights, employment)	
UNAIDS	X	X			
UNCHS			X (shelter)		
UNCTAD			X	X	
UNDCP	X				
UNDP	X	X	X		
UNESCO	X	X		X	
UNFPA	X	X		X	
UNHCR	X	X	X		
UNIC					Information
UNICEF	X	X	X	X	
UNIFEM	X	X	X	X	
UNV		X			
WB	X	X	X		
WFP	X		X		
WHO	X	X		X	
WSP	X	X			

2.6 Funding and resources for adolescents

To identify and analyse the level of funding for adolescents is a difficult task as there are very few programmes that are devoted exclusively to adolescents. Even where activities are directly related to adolescents, the programmes also incorporate other objectives and target groups such as women, scheduled caste and scheduled tribes (SC/ST). The individual breakdown of funding levels for adolescents is not available. Funding levels for activities, therefore, range from over USD $100 million for some organisations to USD $10,000 for other organisations, but this is not an accurate indicator of actual funding for adolescents, as it includes funding for general programmes.

It could also be argued that the actual level of resources invested is an insufficient indicator of the commitment to adolescents, or even of the expected impact on the target group. One of the most important areas for work on adolescents is in the creation of an enabling environment for the empowerment of adolescents and an improvement in their status. The creation of such an enabling environment should also form a part of a wider strategy for the development of society. In this context, all pro-active programmes, for instance, on gender and women's empowerment would also benefit adolescents. On the other hand, activities exclusively for adolescents cannot exist in isolation, and must be embedded in the context of societies and families. Raising awareness and providing services for adolescents will prove ineffectual unless they are accompanied by a recognition that empowerment and independence for adolescents also requires a change in status and the role of adolescents within family and society. For this reason, many NGO initiatives also devote significant levels of resources to involving parents and encouraging community participation on adolescent activities.

Furthermore, the level of inputs and resources cannot be taken as a measure of the commitment of the organisation to adolescents and the creation of an enabling environment for them. There is no obvious link or correlation between the level of inputs and the impact of policies and programmes. For example, advocacy efforts, such as the sensitisation of Parliamentarians, may not require vast sums of resources, but the resultant shift in policy focus towards adolescents may have an enormous impact.

Bearing this in mind, it should suffice to note that adolescents' concerns are being addressed in the overall programme framework of most organisations. Examining and analysing the actual levels of funding for adolescents should not be used as a measure of commitment to adolescents. However, in order to determine the level of commitment to adolescent issues, the UN system could formulate a comprehensive monitoring and evaluation system on adolescents (which includes criteria such as investment of resources, personnel and expected outcomes).

2.7 Geographical outreach, target groups and partners

Direct and indirect interventions relating to adolescents cover a wide range.

- Target groups - from adolescent girls, adolescents in slums, school children, adolescents in rural areas, to street children, all aspects of adolescent life are covered.
- Geographical locations - while studies and advocacy work on adolescents are relevant to all parts of the country, specific programmes and projects also cover the entire country. Usually, programmes are linked to the problems of adolescents prevalent in that region. For instance, the drug demand reduction programme in the North-East is in response to the high concentration of drug users in the region, while the joint GOI-UN system education programme targets areas with low female (and by implication, adolescent girls) literacy.
- Partners - most of the activities relating to adolescents are in partnership with governments, NGOs and other bilateral donors. Almost all government ministries and organisations, from

NCERT, Nehru Yuva Kendra to the Department of Education are involved with some activities for adolescents. Bilateral donors such as DFID, USAID and SIDA are actively involved with adolescents. A number of NGOs are working to improve the status of adolescents as the snapshots show in the concluding section of the profile.

2.8 Issues for consideration

The mapping of the different UN organisations raises several issues that need to be addressed in order to formulate a joint UN system strategy on adolescents. A few main ones are detailed:

- Conceptual clarity (adolescents, youth or young people) - As already mentioned, interpretations of the concept of adolescence vary within the UN system. Although most organisations follow the WHO definition, there is no universal definition of adolescents adopted by all organisations. Invariably, a focus on adolescents is subsumed within that of youth or children and there is no demarcation between children, adolescents and youth. Furthermore, there are many overlapping definitions, for instance, the Convention on the Rights of the Child (CRC) defines children as persons below the age of 18 years, which includes the age group spanned in the WHO definition of adolescents. A consensus on the definition and the concept of adolescence is required in order to develop a coherent joint UN system strategy on adolescents.

- Developing a wider sectoral focus - The focus of programmes related to adolescents is overwhelmingly in the area of reproductive health and population issues. Population education dominates programme direction in the area of education. Although the evident lacunae in reproductive health services for adolescents justifies this emphasis, it is also equally important to broaden the scope of activities to other sectoral issues relating to adolescents. Some of the priorities identified by adolescents themselves (in various conferences and declarations) include improved quality and access to education, water and sanitation, linkages between education and employment and protection of adolescents' rights. These issues and concerns should be addressed in a comprehensive framework of activities for adolescents.

Moreover, an improvement in the status of adolescents, and investing in adolescents as the key to future development requires a broad, multi-sectoral and holistic programme approach. Some NGOs which commenced with a narrow focus on adolescent health have now expanded into other areas such as vocational training, employment and development of entrepreneurial skills. Perhaps, most importantly, any programmes directed at adolescents must recognise that they are not working in isolation, and changes in their status are dependent on changes in perceptions and attitudes in the overall social environment. This is especially relevant for adolescents as they are not entitled to legal independence (upto the age of 18 years), and are dependent on adults for the protection of their rights.

However, adopting a holistic approach to adolescent activities may present a dilemma for policy makers and programme managers. The need for a favourable enabling environment is indisputable, and justifies the mainstreaming of adolescent activities into all programmes and activities. There is a need to combine a separate focus with a mainstreaming of adolescent concerns into all programmes.

- Development of a Monitoring and Evaluation (M&E) framework - A comprehensive M&E framework for analysing activities relating to adolescents, including investment of resources (funding, technical support, personnel) and evaluation criteria (of outcomes) would help raise awareness on adolescent issues and ensure that there is a consistent focus on this target group in all programmes and activities.

2.9 Suggested strategies for joint UN system interventions

Recognition of and action on the issues detailed above would facilitate the implementation of an effective, coherent joint UN system strategy. Several strategies based on the status and the needs of adolescents in the country have been suggested for joint UN system interventions. Selection of a strategy should be based on an awareness of the existing resources and capacity of the UN system. Interventions should be directed in those areas in which the UN system has a comparative advantage and where there is a potential to make the maximum impact. Given the limited resources of the UN system, it may be more pertinent and effective to focus on the creation of specific programmes that can serve as a model for replication across the country. Some of the strategies suggested include:

(i) Awareness generation and advocacy - although there has been an increase in awareness of adolescent issues, especially since ICPD, there is still no comprehensive national strategy and focus on adolescents. Greater awareness of the separate needs of adolescents, of the problems associated with this transition period between childhood and adulthood is essential. Adolescents as a group require separate policy focus, and need to be differentiated from activities for youth and children. Awareness generation and advocacy work could be on :

- Establishing a database on adolescent issues and the status of adolescents in the country.
- Sensitisation of policy makers on adolescent issues
- Capacity-building of communities to increase understanding of the separate psycho-social and emotional needs of adolescents
- Mobilisation of communities and youth organisations around adolescent issues.
- Campaigning for the involvement and participation of youth in development planning.
- Advocacy to increase access to education and health care facilities for adolescent girls.
- Formulating a comprehensive national programme of action on adolescents.

(ii) Information Dissemination - Lack of information for adolescents was a recurring theme of discussion in most UN organisations, and was identified as one of the most important issues for adolescents.Information on reproductive health issues, education and career is vital for the development of adolescents. Information should be both easily accessible and presented in an 'adolescent-friendly' manner. Ideas for information dissemination ranged from preparation of materials for distribution in schools to the use of multi-media channels, and popular music concerts.

(iii) Life Skills Education - This is related to the need for information by adolescents, particularly on reproductive health issues, drug use, alcohol and tobacco use. While information on these issues is essential to raise awareness among adolescents, they must also be equipped with skills and abilities to utilise this information for preventive behaviour, and to enhance their own decision-making skills. Therefore, any information dissemination initiatives would be composed of two parts - information (for example, population

education) and Life Skills development (to promote empowerment). Life Skills education would also incorporate suggestions for gender sensitisation of adolescent boys.

(iv) Addressing the nutritional needs of adolescents - adolescence is a period of rapid growth, and correspondingly, high nutrition needs. As the nutrition intake during this period affects future patterns of health (particularly for adolescent girls, whose nutritional intake can have inter-generational effects), it is essential to increase support for special nutritional care of adolescents. Several UN organisations are already working in this area.

(v) Elimination of child labour - several UN organisations, and the Inter Agency Working Group on child labour are already working on this issue.

(vi) Creating linkages between education and employment opportunities - With adolescents comprising a significant section of the population, employment will become a major issue as these adolescents enter the workforce. Already, adolescents have identified career counselling and provision of employment opportunities as areas of concern. A strategy that links the education system to the creation of employment-related skills and training for the job market is urgently required.

2.10 Conclusion

The increase in activities for adolescents is an encouraging trend, but it needs to be refined and focussed further to place adolescents as a major priority issue for all UN organisations. The main issue is the adoption of a universal definition of adolescents by all UN organisations. Conceptual clarity should lead to greater understanding of the unique needs and concerns of adolescents. The UN system could then formulate innovative pilot programmes and initiate public debate on adolescent issues.

3.1 UN Conferences related to adolescents and India's commitments

> Governments in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs (ICPD- Programme of Action, paragraph 7.47)

The ICPD has clearly had a great influence in changing the content and direction of policies, especially reproductive health and population policies, in India. The other UN Conferences and Conventions, which also relate to adolescents have had a similar influence on the policy process. India has signed and ratified all the major conferences and conventions, which provides a useful advocacy tool for increasing policy attention towards adolescents. Table 16 provides details of the different conferences and the commitments that are important for adolescents.

Table 16: UN Conferences/Conventions and issues related to adolescents

Conference/Convention	Issues
General Issues from conferences and conventions relating to youth and adolescents	❖ Improving education and training ❖ Expanding employment opportunities ❖ Health for all and sustainable population development ❖ Eliminating hunger and poverty ❖ Protecting the environment ❖ Sustainable development ❖ Equality for girls and young women. ❖ Increasing youth participation and protection of youth rights ❖ Tolerance and respect for all ❖ Supporting youth in trouble
Convention on the Rights of the Child (CRC) (1989)	❖ Child defined as a young person up to the age of 18. ❖ Right to survival and development ❖ Right to participation ❖ Principle of non-discrimination ❖ Protection from trafficking ❖ Freedom of expression and access to information and ideas ❖ Protection from all forms of violence and abuse, including sexual abuse ❖ Health for all and access to health services ❖ Right to education for all

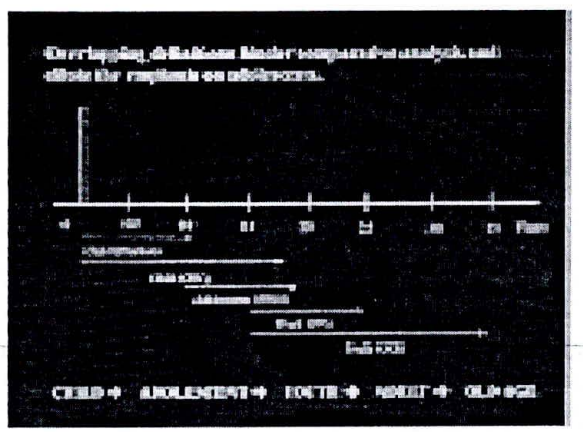
	❖ Protection from economic exploitation and forced labour ❖ Protection from illegal drugs and dangerous substances and from being exploited in the production and sale of drugs
The Convention on the Elimination of All Forms of Discrimination Against Women (1981)	(Relating to adolescent girls) ❖ Protection from commercial sexual ❖ Participation in decision-making ❖ Equal access to education and training, in an environment free of the stereotyped images of the role of women and men ❖ Access to employment opportunities, with protection from discrimination and support services to combine work and family responsibilities ❖ Access to health services ❖ Access to financial credit ❖ Consent and choice in marriage, and in decisions on the number and spacing of children
United Nations Conference on Environment and Development (UNCED) (1992), Brazil	❖ Principle 21: "The creativity, ideals and courage of the youth of the world should be mobilised to forge a global partnership in order to achieve sustainable development and ensure a better future for all." ❖ Entire chapter on contribution of youth and participation of youth in decision-making. ❖ Sustainable development and youth participation in decision-making ❖ Youth as guardians of the future
World Conference of Human Rights, Vienna (WCHR) (1993)	❖ Youth rights ❖ Right against intolerance and racism
World Health Summit, Alma Ata,(1977)	❖ Health for all ❖ Access to health services and information ❖ Reduction in maternal mortality ❖ Reduction in nutritional anaemia ❖ Reproductive health care
World Summit for Children (1990)	❖ See CRC

World Conference on Education for All (1990)	✣ Access to education ✣ Improved access for girls ✣ Learning through adolescence and adulthood
International Conference on Population and Development (ICPD) (1994), Cairo	✣ Special focus on adolescents ✣ Right to information about their sexuality make responsible decisions ✣ Reproductive and sexual health needs ✣ Integrated and multi-sectoral approach, with the participation of youth
World Summit for Social Development (WSSD) (1995), Copenhagen	✣ Empowerment of people ✣ People-centred development ✣ Elimination of hunger and poverty ✣ Employment opportunities ✣ Social integration ✣ Sustainable development
Fourth World Conference on Women (FWCW) (1995), Beijing	✣ Mainly relating to adolescent girls, although it recognises the needs and interests of young men. ✣ Access to education about sexual and reproductive health ✣ Sensitisation of boys to gender equality ✣ See CEDAW
Second United Nations Conference on Human Settlements (UNCHS) (1996), Istanbul	✣ By 2005, majority of world's population will live in cities, and 40 percent of these will be children. ✣ Adequate shelter for all (includes issues of privacy, space and security for young people).
World Food Summit (1996), Rome	✣ Right to food security ✣ Participation of youth in decision-making and enhancing food production (FAO's campaign on Youth Against Hunger) ✣ Elimination of hunger
International Conference on Nutrition (1992), Rome	✣ Reduction in nutritional deficiencies ✣ Healthy diets and food security
World Congress Against the Commercial Sexual Exploitation of Children (CSEC) (1996), Stockholm	✣ Child prostitution ✣ Trafficking ✣ Sale of children for commercial and sexual purposes ✣ Protection of vulnerable children and support for recovery and social integration of child victims

Source: Commonwealth Youth Programme, Global commitments to youth rights, London: Commonwealth Secretariat, 1997.

The conventions and conferences, particularly the ICPD, the CRC and FWCW have been instrumental in increasing programmes and policies for adolescents. However, the variations in the definition of the child, and related to this, adolescents, dilute the emphasis on adolescents and their concerns as shown in Chart 9. While the Census defines children as below 14 years, the CRC below 18 years, the Constitution considers child labour to relate to those below 14 years, hence creating confusion on where childhood ends and adolescence begins. Similarly, the Situational Report on the Girl Child in India, as part of the follow-up action on the Beijing Conference, defines adolescence as the period between 13-19 years. A standardised definition, which the government is currently in the process of deciding on through the Law Commission, would facilitate uniformity and greater understanding of the different needs across the age spectrum.

Chart 9 : Variations in definitions



Variations in definitions notwithstanding, the government has initiated several laws that protect the rights of children and adolescents as provided in the Constitution. (See Box below) :

Illustration of some acts related to children and adolescents

- Criminal Law (Indian Penal Code) – Child under 7 years is not responsible for offences. The age of criminal responsibility is raised to 12 years if the child is found not to have attained the ability to understand the consequences of his/her act.
- The age of sexual consent for girls is 16 years.
- Juvenile Justice Act, 1960 (amended in 1986)- Juvenile is a child who has not completed the age of 16 years in the case of a boy or the age of 18 years in the case of a girl.
- Child Marriage Restraint Act, 1978 – Child means a person, if a male has not completed 21 years of age and if a female, has not completed 18 years of age.
- Factories Act, 1948 – A child below 14 years of age is not allowed to work in any factory. An adolescent between 15 and 18 years can be employed in a factory only if he obtains a certificate of fitness from an authorised medical doctor. A child between 14 and 18 years of age cannot be employed for more than four and half hours.
- Article 45 of the Constitution - States shall endeavour within 10 years from the commencement of this Constitution, for free and compulsory education for all children till the age of 14 years.
- The Child Labour (Prohibition and Regulation) Act, 1986 – Child means a person who has not completed his 14th year of age.
- The Immoral Traffic (Prevention) Act, 1956 (amended in 1986) – The amended Act provides enhanced penalties for offences involving children and minors. It continues to prohibit prostitution in its commercialised form without rendering prostitution per se as an offence.

The challenge now is to translate these provisions in law for adolescents into de facto programmes and policies. The following section will review some Government plans and policies to examine whether and how they address adolescents.

3.2 Some government plans and policies

3.2.1 Ninth Five Year Plan (1997-2002)

Ninth Five Year Plan and Adolescents :

- universalizing nutrition supplementary feeding
- expanding the adolescent girls' scheme
- assessing health needs

The Ninth Five Year Plan (1997-2002) outlines the development plans and policies of the government, and reflects the government's approach to different needs and concerns. Adolescents are mentioned mainly in reference to women and children (the Plan cites the 1991 Census definition of children as those between 0-14 years), health concerns and as part of the youth policy.

Specific mention of adolescents in the Ninth Plan include the Ninth Plan's commitments towards the child, to universalise nutrition supplementary feeding with a special emphasis on Adolescent Girl, to expand the adolescent girls scheme and to assess the health needs of adolescents in the RCH programme. Nevertheless, adolescents continue to be a sub-group of women, children or youth and there appears to be no move to consider adolescents as a separate category. The expansion of the scheme for adolescent girls is mentioned in terms of the underlying rationale - "...in preparation for their productive and reproductive roles as confident individuals not only in family building but also in nation building" (Planning Commission, Government of India 1998). There is a danger that adolescents are seen as 'human capital' in relation to their productive role alone. At the same time, this cannot be conclusively determined as the Ninth Plan explicitly makes a commitment to human development, which is centred on the basic recognition of human beings as people, or Kant's injunction to "treat humanity as an end withal, never as means only". These discrepancies need to be taken into account in the formulation of the Tenth Plan.

3.2.2 National Youth Policy (2000)

There is no Government policy specifically on adolescents. The policy which comes closest to articulating the needs of adolescents is the National Youth Policy 2000, which provides a comprehensive overview of youth issues and concerns.

Both the 1986 Youth Policy and the current policy view youth as a vital resource to be nurtured for the development of the country. Whereas the previous youth policy tended to be more based on a top-down policy approach, the current policy places the participation of youth as primary stakeholders, as the central tenets of government philosophy. The policy also moves beyond outlining the positive attitude of the state towards youth to formulate goals and policy recommendations that have attempted to incorporate the ICPD guidelines. Furthermore, instead of confining itself to policy for youth on important but atypical activities such as sports, it highlights several areas of concern for adolescents and youth in the country today and emphasizes an inter-sectoral approach. Encouraging the participation of youth in national development planning and in the policy making process ensures that youth policies are grounded in a realistic assessment of needs. By placing responsibilities along with privileges for youth, it provides a space for the contribution of youth to communities and to social development. The thrust areas of empowerment, gender equity and an inter-sectoral approach hint at a move towards a rights approach and a people-centred approach to development. The elements of participation, access and leadership-building have been clearly delineated as objectives of the policy to support these guiding principles.

National Youth Policy and Adolescents :

- inter-sectoral approach
- distinction between age of adolescence and age of maturity
- nutritional requirements
- educational needs

However, despite these thrusts, the rationale for the youth policy still talks of youth "as a positive force for national progress", suggesting that the distinction between human capital and human development is not yet fully articulated.

By changing the definition of youth to 13-30 years, the National Youth Policy, 2000 can enable the Department of Youth Affairs and Sports to become the nodal ministry for adolescents. The Youth Policy actually makes a distinction between the age of adolescence (13-19) and the age of attainment of maturity (20-30 years), marking a shift towards distinguishing between these different phases. By marking the age of adolescence, the policy facilitates advocacy efforts on the work on adolescents in government programmes. However, the discussion on population projections specifies the 10-19 age group, in contradiction to the earlier definition of 13-19 years. Such divergences suggest that the definition and the concept are yet to be firmly established in government thinking.

Within the youth policy, adolescents are given a special focus in health, in recognition of their unique needs in this sector. The Policy even goes as far as to state "that it is necessary to target the adolescent as the most important segment of population, addressing, in particular, their nutritional requirements. It is also important to recognize that a large section of adolescents are outside the formal educational system and hence it is necessary to reach out to them effectively."

Despite these improvements in the Policy in comparison with the previous youth policy, and its recognition for the need for multi-dimensional interventions, the Policy still requires further elaboration on issues relating to adolescents. Aside from health, adolescent concerns on education, culture, employment and a range of other sectoral issues differ from the youth in the 20 plus group. The Policy fails to make adequate allowances for these different needs, and consequently, the need for different priorities. Details on issues of implementation of policies, of the modalities of co-operation between different ministries and of the formulation of monitoring and evaluation criteria are also absent from the Policy.

3.2.3 National Plan of Action on Children (1992) and SAARC Decade of the Girl Child (1991-2000)

While the National Youth Policy is moving towards an increased focus on adolescents in general, an increase in the attention to adolescent girls had already begun with the National Plan of Action on Children 1992, and strengthened by the South Asia Association of Regional Co-operation (SAARC) Decade of the Girl Child (1991-2000). In the National Plan of Action for Children, there is a separate section on adolescent girls. Mainly traditional concerns related to adolescent girls are raised, such as nutrition and health, literacy and numeracy and the provision of home based skills. There is no mention of the empowerment of adolescent girls, although it expresses the need for appropriate measures which would raise the age of marriage.

In the National Plan of Action for the SAARC Decade, the problems of adolescent girls are given separate mention, with an emphasis on a holistic policy approach. However, the only other mention of adolescent girls in the Plan of Action was in relation to safe motherhood, raising doubts about the actual move away from sectoral concerns. Similarly, in the

SAARC Follow Up Report on the Girl Child, an analysis of the situation of adolescent girls is limited to issues such as child bearing, mortality and mean age of marriage although adolescence as a period of growth is highlighted.

3.2.4 National Population Policy (2000)

National Population Policy and Adolescents

- inclusion of adolescents the category of under-served population
- mention of adolescents in information, nutrition, contraceptive use, STDs and other population related issues
- developing a health package for adolescents

The National Population Policy 2000 devotes considerable space to adolescent concerns while discussing strategic themes, and operational strategies. There is also recurrent mention of adolescents in information, nutrition, contraceptive use, STDs and other population related issues. This is in keeping with the critical role that adolescents play in determining population size. The Policy, based on past experiences of population growth and demographic transition, aims to reduce fertility levels to replacement level by 2010. Twelve strategic themes have been identified to achieve this goal, of which reaching under-served populations is one. Adolescents are included in this category, which is a recognition of their invisibility in earlier policies.

Although the special requirements of adolescents are explicitly mentioned, the overwhelming emphasis is on developing a health package for adolescents. Another significant aspect of the policy is its stress on enforcement of the law, mainly the Child Marriage Restraint Act. If the Policy is translated into practice, it could have far reaching implications for adolescent health and well-being.

3.2.5 Health Policy (Draft 1999)

Health Policy and Adolescents :

- adolescent girls as a 'special group'
- health care of adolescent girls
- nutritional needs of adolescent girls

Population issues cannot be viewed in isolation and will be influenced by the content of other policies and programmes, particularly on health (including STDs and RH) and nutrition. The draft Health Policy 1999 expresses concern for the health care of special groups, and includes adolescent girls under this category, but limits itself to their nutritional needs. Further, it appears that adolescent girls' needs are conflated with those of pregnant women and children, instead of viewing adolescent girls as a distinct group with their own separate needs. The NGO Country Report on Beijing Plus Five, 2000 points one of the primary shortcomings in government policy on women's health: a lack of age-profiling of health needs of female persons. According to the Report, the focus of health services for women has viewed women as mothers which has led to a neglect of other population groups such as adolescent girls (except as mothers).

3.2.6 National Nutrition Policy (1983)

National Nutrition Policy and Adolescents :

- adolescent girls as a 'specially vulnerable group'
- redress the nutritional problems of adolescent girls

The National Nutrition Policy 1983, identifies adolescent girls as a specially vulnerable group. It has an extensive section on reaching adolescent girls to redress their nutritional problems, but the concern appears to stem mainly from their importance as mothers and housewives.

Clearly, policies need to examine adolescent girls and boys as individuals, and not only in their roles as mothers, housewives and breadwinners.

3.2.7 National AIDS Policy (2000)

National AIDS Policy and Adolescents :

- interventions for age group 18-40 years

With an estimated 3.5 million persons infected with HIV, the Prime Minister has declared HIV/AIDS as the 'single most important health issue in the country.' The National AIDS Policy 2000 is therefore, a crucial component of the national health strategy. Adolescents form a large section of the sexually active population, with their sexual activity beginning even when they are as young as 10 years. Also, there is a higher prevalence of unprotected sex, especially during their first sexual encounter. Experimentation, peer group pressures and lack of information make adolescents particularly vulnerable to STDs, including HIV. Recognising this, UNAIDS global AIDS campaign has been devoted to young people for the last three years. In this context, it is surprising that references to adolescents are conspicuously absent from the National AIDS Policy. The Policy outlines interventions for the age group 18-40 years and also the vulnerability of women and children. Adolescents need to be included, for instance, in the reference to women, children and other socially weak groups for improving health education, legal status and economic prospects.

Programmes which relate directly to adolescents such as University Talk AIDS and the NYKS are described, but 'adolescents' are not explicitly mentioned even in the description of target groups.

3.2.8 National Education Policy (1986, modified in 1992)

National Education Policy and Adolescents :

- eradication of illiteracy in the age group 15-35 years
- commitment to universalization of primary education
- vocational courses at the higher secondary level

Another major area of importance for adolescents is education. The National Education Policy 1986 (with modifications undertaken in 1992) reflects a commitment to the eradication of illiteracy, particularly in the age group of 15-35 years. This includes the older adolescent group. Similarly, there is a commitment to universalisation of primary education, which would also capture younger adolescents. However, as there is no separate category of adolescents mentioned in the Policy, there is a danger that the unique needs of adolescents will be subsumed under the category of adults, youth and children.

There are also provisions for vocational courses at the higher secondary level, and general mention of issues related to higher education, which would in one way or other, address the employment, and education needs of older adolescents. The Policy talks about 'vocational courses for children' at the higher secondary level, which reverts us once again to the issue of defining adolescents.

The Education Policy does have an explicit focus on youth as the 15-35 age group, and also speaks of non-formal and need-based vocational programmes for youth who have completed primary education, or are drop-outs. Population Education is included as a way to motivate youth about family planning and responsible parenthood. The policy addresses youth as a category and speaks of opportunities being provided to involve them in national and social development.

In general, it appears that adolescents are not addressed as a separate category and seem to be subsumed under the provisions for youth and secondary and higher secondary education.

3.2.9 National Policy for the Empowerment of Women (Draft – 1996)

National Policy for the Empowerment of Women and Adolescents

- elimination of discrimination against girls
- nutritional needs
- protection against trafficking and prostitution

While youth is one category under which adolescents tend to be subsumed, the concerns of adolescent girls are invariably in relation to women and their role as future mothers and housewives or perceived as the Girl Child. The Draft National Policy for the Empowerment of Women (1996) includes a section on the elimination of discrimination against the Girl Child. There are issues here, which concern adolescent girls, such as nutrition, violence, protection of rights and protection against trafficking and prostitution. Any interventions directed at the girl child would undoubtedly have an impact on adolescent girls, and they have benefited from the increased attention and policy commitment to this age group. But, as has been repeatedly mentioned, the reason for distinguishing adolescents as a category is based on their unique physical, psychological and social needs. While a sub-set of these would be covered by other categories, there are some needs which require an explicit and separate focus on adolescents as a category.

In conclusion, although there are few policies that mention adolescents as a separate category, the recent population and youth policies suggest a gradual shift towards recognising the separate and unique needs of adolescents in government policies. Much remains to be done, however, before adolescents are placed at par with other groups in the policy agenda. Till adolescents are included in every dimension of policy, their needs and concerns will not be successfully addressed. The formulation of a specific policy on adolescents as also the creation of a separate government department for addressing the needs and concerns of adolescents and for implementing programmes in this regard can be identified as positive indicators.

3.3 Government Programmes for Adolescents

There are no comprehensive national policies and programmes addressing all the multi-dimensional needs of adolescents including not just reproductive health and sexuality needs and problems but also education, employment, empowerment, food security and nutrition. Existing national programmes are limited in size and scope, addressing only some aspects of reproductive health. They are mostly isolated in nature, that is, not inter-related, and targeted at youth (20-30 years). Interventions targeted specifically at adolescents (10-19 years), including both married and unmarried adolescents, are few. The role of adolescents is hardly recognized in the formulation, monitoring and evaluation of national programmes. ('The South Asia Conference on Adolescents,' UNFPA CST for CASA, 1999)

Adolescents have been included almost as 'subsidiary target groups' in most youth programmes. After the ICPD, there has been a reorientation towards adolescents, but there is still a paucity of programmes that directly target adolescents. The problem is compounded by the division of programmes into different ministries and departments, with little vertical or horizontal coordination. The result is a diffusion of efforts and achievements in relation to adolescents.

Although all departments and ministries are in some manner administrating programmes that affect adolescents, only three departments, the Department of Youth and Sports Affairs, the Department of Women and Child Development and the Department of Family Welfare are actively working to integrate

adolescents into their programmes. Of these, the only explicit mention of adolescents is in the Support to Adolescents under ICDS run by the Department of Women and Child Development and to a certain extent, the adolescent component of the Reproductive and Child Health (RCH) Programme of the Department of Family Welfare. Even in these programmes however, the actual level of commitment to adolescent issues cannot be ascertained adequately, and a lack of comprehensive evaluation of these schemes makes it difficult to judge their impact. Details of some of the major programmes are given below. Government initiatives and schemes, although moving towards a more holistic approach are still quite stratified in terms of programming, and can be divided into the broad areas of health, education and economic development and employment. These programmes are both at the national and state level, and are also in collaboration with multilateral and bilateral donors.

3.4 Economic Development

Economic Development schemes and Adolescents:

- Support to Training cum Employment Programme for Women (STEP)
- Construction /Expansion of Hostel building for Working Women with a Day Care Centre
- Integrated Rural Development Programme
- Training of Rural Youth for Self Employment (TRYSEM)
- Vocational Guidance and Employment Scheme

Youth unemployment is a major problem that needs to be addressed adequately by policy makers. Under the Indian constitution, children under the age of 14 years are prohibited from working, but for older adolescents, education and careers are increasingly cited as a major priority. Work force participation is high, but it still hides the burden of work of girls, who are primarily occupied in domestic responsibilities.

Employment and economic opportunities are seen as part of the wider problems of the country, and several schemes such as Support to Training cum Employment Programme for Women (STEP), Setting up Employment and Income Generating Training cum Production Units for Women, Construction/Expansion of Hostel building for Working Women with a Day Care Centre, Vocational T raining, the Integrated Rural Development Programme and the Development of Women and Children in Rural Areas (which have now been integrated into the Swarna Jayanti Gram Swarozgar Yojana or SGSY) also include adolescents as part of their target group. However, a few schemes which are aimed specifically at the youth include: reorienting the Indian educational system towards vocational training; an Apprenticeship Training Scheme, TRYSEM (Training of Rural Youth for Self Employment). These have not had a significant impact on the problems of youth unemployment and economic development. The Vocational Guidance and Education scheme was run through employment exchanges which assisted those who approached them and did not reach out to youth in schools and colleges. The Apprenticeship scheme on the other hand, places the onus on employers to pay stipends to apprentices in their industries, and it is doubtful whether employers have been willing to train apprentices by giving these stipends. Similarly, the success of TRYSEM has also been limited. A survey indicated that of the trained beneficiaries of the programme, about 48 percent were employed. Furthermore, trainees mentioned a range of inadequacies in the training, from inadequate training infrastructure, unsatisfactory training facilities and not enough practical training (Visaria 1999: 27-30). Also,

more significantly, TRYSEM is targeted at youth above 18 years, ignoring the needs of the 15-18 year group, who form a major portion of the youth work force. The economic and employment programmes require a major reform to make them more effective, participatory and to take into account the needs of the 15-18 year age group.

Those in the 10-14 age group may be identified as younger adolescents. Under the action plan of the National Policy on Child Labour (1987), National Child Labour Projects (NCLPs) have been set up in different areas to rehabilitate child labour and those may be said to include a section of the adolescent population. A major activity undertaken under the NCLP is the establishment of special schools to provide non-formal education, vocational training, supplementary nutrition etc. to children withdrawn from employment. So far 92 child labour projects have been sanctioned in child labour endemic states under the project. (Note one limination of child labour, Ministry of Labour). The scheme will be an ongoing during the Ninth Five Year Plan period.

3.5 Education

Education programmes and Adolescents :

- Rajiv Gandhi Drinking Water Mission
- Lok Jumbish
- Mahila Samakhya
- Sarva Shiksha Abhiyan

Part of the problem of employment and economic opportunities for adolescents is linked to the shortfalls of the education system. The directive of the Constitution to provide free and compulsory education for all citizens up to the age of 14 years has not resulted in universal literacy. On the contrary, literacy rates, particularly among girls continues to be low, and high drop-out rates are common. The Ninth Plan recognises the current problems of the education system, and has advocated a reform to enhance the quality and content of education. A better match between education and employment opportunities is also urgently required.

Substantial resources are being devoted to improving the education situation for children and adolescents, especially adolescent girls in India through a variety of schemes encompassing non-formal education, adult literacy classes, community management of schools, distance education, vocational training and skills building. Relevant linkages between education and other factors are also being considered, for instance, the Ministry of Social Justice and Empowerment has schemes that encourage the education of tribal girls through educational complexes, hostels, and financial incentives (Singh 1999: 245). The Department of Education seeks to provide financial assistance to eligible voluntaty organizations to improve the enrolment of adolescent girls belonging to rural areas and weaker sections. Preference in providing assistance is given to hostels located in educationally backward districts, particularly those predominantly inhabited by SCs/STs and educationally backward minorities (Department of Education, Annual Report 1999-2000). Further, the scheme for Water and Sanitation Facilities in all schools by the Rajiv Gandhi Drinking Water Mission will remove barriers that deny adolescent girls their basic right to education.

Lok Jumbish

- access to education till 14 years of age
- equity in access to education
- camp approach
- gender equity

Two innovative schemes, in collaboration with the Swedish and Dutch governments, Lok Jumbish and Mahila Samakhya have achieved considerable success in improving access to education for girls. Lok Jumbish (People's Movement for education for All) which begun in 1992, aims to encourage education for all through people's participation and mobilisation. Set

in Rajasthan, it runs through a multi-dimensional approach, focusing on access to education for children up to 14 years. It has set up innovative management structures incorporating the principle of decentralization as also forging partnership with local communities and the voluntary sector. One of its main objectives is to pursue the goal of equity in access to education. Gender issues thus constitute a major component of the programme. It deploys the camp approach to draw women and girls out of their homes and address their educational needs as also their life experiences. The Mahila Shikshan Vihar and Balika Shikshan Shivir for adolescent girls are two of the Lok Jumbish programmes. Over 3,000 girls have obtained a high level of primary education through their camps between 1997 and 1999. It aims at using education as an instrument for empowerment and social change.

Mahila Samakhya Programme

- education as a tool for empowerment
- postponing marriage
- provision for vocational training

The Mahila Samakhya programme was initiated in 1989 by the Department of Education, MOHRD, and aims to create an enabling environment for women's empowerment through facilitating community transformation. It seeks to increase the participation of women and girls in both formal and non-formal educational institutions. The Mahila Shikshan Kendras offer a unique learning opportunity to adolescent girls and young women, supporting them in delaying their marriage and providing them with vocational training among other things. The programme thus organises women's groups for community mobilisation and uses education as a tool for empowerment and social change. The programme has expanded its coverage to large parts of the states of Uttar Pradesh, Karnataka, Gujarat, Andhra Pradesh, Bihar, Madhya Pradesh, Assam and Kerala.

Besides mention may also be made of the Sarva Shiksha Abhiyan (SSA) which expresses a commitment to the goal of Universalization of Elementary Education. It has set the objective of providing quality elementary education to all children in the age group of 6-14 years by 2010. There will be a special focus on girls, children belonging to SC/ST communities and low female literacy blocks. Having a clear district focus, it seeks to emphasize on retention and achievement rather than on mere enrolment. It seeks to make education relevant by initiating curricular reforms to promote life skills. It also aims at organizing "Back to School Camps" for out of school children in the 10-14 years age group.

3.6 Health

Health schemes and Adolescents :

- Adolescent Girls' Scheme
- Population Education
- Young People Talk AIDS
- Balika Samriddhi Yojana
- Reproductive Health Programme

The discussion on the status of adolescents has highlighted the unique health needs of adolescents, especially adolescent sexual health. The major health issues such as high infant mortality rates, high fertility and maternal mortality rates are largely related to the health, status and empowerment of adolescent girls. Not surprisingly, the main schemes related explicitly to adolescents are in the area of health: Adolescent Girls Scheme in the ICDS, Population Education and Reproductive and Child Health.

3.6.1 Adolescent Girls Scheme (part of ICDS)

The AGS is a part of the Integrated Child Development Services Scheme (ICDS), which was initiated by the DWCD in 1975-76 to address health and nutritional concerns intended to facilitate a

holistic development of children. A special intervention under ICDS was devised during 1991-92 for adolescent girls in the age group of 11-18 years. The AGS is one of the few government schemes that is explicitly for adolescents. The programme was initiated as a follow-up to the success of the WFP pilot programme in Madhya Pradesh, but was given special impetus following the SAARC Decade of the Girl Child (1991-2000).

The scheme fills the gap in services for adolescents, as government schemes previously covered children (0-6 years), mothers and school going children. An innovative measure is the move to focus on school drop-outs, thereby covering groups which are more marginalised.

The main objectives of the scheme are:

(i) to improve the malnutrition and health status of girls in the age group of 11-18 years;

(ii) to provide literacy and numeracy skills through non-formal education

(iii) to train and equip adolescent girls to improve or upgrade home based skills and to enable them to run child care centres at a later stage

(iv) to promote awareness of health, hygiene, nutrition and family welfare issues and to encourage girls to marry at a later age, after 18 years.

(Department of Women and Child Development 1998: 38)

All these objectives clearly cover a variety of issues and are an indication of efforts to address the needs of adolescent girls in an integrated manner. However, the skills provided to upgrade home-based skills do not provide girls with a wide variety of choices for independent income generating activities.

The overall schemes for adolescents has been further divided into two sub-schemes– AG1 (Girl to Girl) for girls between 11-15 years of age and AG2 (Balika Mandals) for girls between 11-18 years of age. Both schemes essentially include skills training and supplementary nutrition, but differ in their scope and criteria for selection of girls for the schemes. AG1 is an income-based programme with girls selected from families with incomes less than Rs 6,400 per annum, whereas AG2 is open to all families (although preference is given to poorer families).

The AG1 scheme provided hands on learning at the Anganwadi centre, education, health check-ups and supplementary nutrition. A major thrust of the programme is to prevent teenage pregnancies.

The AG2 programme is much broader and more comprehensive, and is implemented through Balika Mandals or Girls' Clubs throughout the country. Girls are selected in each area, with a potential for leadership and learning, and then through a participatory programme involving the families of the selected girls, activities and vocational skills training are identified which in turn will be of future benefit to the girls. The component of supplementary nutrition is retained to provide an incentive for participation by these girls.

Both the AG1 and AG2 schemes combined have so far been introduced in 507 selected blocks and has reached 3.91 lakh adolescent girls. However, the impact of the programme is doubtful and cannot be ascertained conclusively. Also, it has been noted that the inclusion of adolescent girls in a programme for lactating Mothers and Children has been arbitrary (MOHFW Country Report ;46).

According to the Child Welfare Division, Department of Women and Child Development, this nation-wide

intervention aiming at empowerment of adolescent girls under the ICDS is poised for a huge expansion covering 2000 CD blocks during the remaining ninth plan period in the country. It is estimated that 12.8 lakh adolescent girls from the deprived sections of the society will be benefitted under the scheme. Under ICDS III project in the states of Uttar Pradesh, Maharashtra, Kerala, Tamil Nadu and Rajasthan covering a total of 1003 blocks, state specific AG Schemes have been introduced. In addition, the guidelines for implementation of AG Scheme are under revision to extend the coverage of the scheme with content enrichment, to strengthen the training component particularly in vocational aspects aimed at empowerment and enhanced self perception, convergence with other programmes of similar nature in education, rural development, employment and health sectors. These can be encouraging indicators of adolescent related inter-sectoral interventions.

3.6.2 Population Education

Population Education projects in India with UNFPA assistance have been implemented for over two decades. The National Policy on Education in 1986 made specific mention about Population Education and its importance was furthered in the revised policy document in 1992. Five out of the ten co-curricular areas stipulated in the policy document have been identified as the major components of population education. The major innovation of the approach to the population education programme is that it is being conceived as a comprehensive programme with linkages among all three sectors, that is, school, higher education and adult and continuing education. Inter-sectoral coordination among these education sectors aims at not only maximizing the use of resources but also at establishing better linkages between the education sectors and health delivery services. Since adolescents are mainly covered by the school system, the project 'Population Education in Schools' which has now entered its fourth phase (1998-2001), will be discussed here.

The National Population Education Programmme (NPEP) was introduced in India in 1980 with the aim of institutionalizing Population Education in the existing education system of the country. Being implemented in the school education sector, the Project has completed three phases of its implementation. However a mid-term evaluation study of it indicated certain significant gaps in terms of inadequate coverage of contents relating to population education themes such as responsible parenthood, population-related values and beliefs and status of women. The elements of Adolescence Education were almost absent. The study pointed out the inadequacies in the secondary teacher education courses.

In view of the needs of post-ICPD (1994) developments and the experiences of previous phases of implementation of the NPEP, the theoretical framework of Population Education has been reconceptualized. It reflects six basic themes focusing on the critical population education and development issues. These are :

- Population and sustainable development
- Gender equality and equity for empowerment of women
- Adolescent reproductive health
- Family – socio-economic factors and quality of life
- Health and education – key determinants of population change
- Population distribution, urbanization and migration.

With a view to facilitating the introduction of adolescent reproductive health in school education, it has been reconceptualized as Adolescence Education. Its framework covers three major components :

process of growing up, HIV/AIDS and drug abuse.

The project is implemented through the National Council of Educational Research and Training (NCERT) at the national level and SCERTs at the state levels. Population Education has achieved acceptability in the school education system and state governments have contributed considerably in this respect. In the current phase of the project, efforts are being made to reach out to a wider target group; therefore, sub-projects have been taken up with the National Open school (NOS), Central Board of Secondary education (CBSE), National Coucil of Teacher Education (NCTE), Kendriya Vidyalaya Sangathan (KVS) and Navodaya Vidyalaya Samiti (NVS). A sub-component of the project on 'peer education' is being implemented by UNESCO.

3.6.3 Young People Talk AIDS

The scheme of 'Universities Talk AIDS' (UTA) is run through the NSS and has now been expanded into the 'Young People Talk AIDS' programme. This scheme taps into youth and their potential as educators for HIV/AIDS prevention and awareness. This scheme has now been redesigned and is called 'Students Talk AIDS' to reflect the inclusion of school students as part of the programme. State AIDS control cells are also running similar education programme in schools and colleges, thereby reaching a large number of adolescents even in rural areas. However, studies on the quality and impact of these programmes are limited.

3.6.4 Balika Samriddhi Yojana

The DWCD launched the Balika Samriddhi Yojana, in 1997, to raise the status of the girl child born in families born below the poverty line. The mother of a new born girl child receives a grant of Rs. 500 at her birth as also a scholarship for her school education. The scholarship amounting to Rs. 300 for grade one to Rs.1000 for the tenth grade is given as a postal or bank investment which the girl can claim only when she is 18 years old and provided she is unmarried. The programme is thus not a direct health programme but attempts to change discriminatory attitudes towards girls in health care and education.

It is too early to determine the impact of this scheme but it is a positive move towards explicit 'life cycle' based interventions for the girl child. In the early 1990s, similar schemes were initiated in several states, including Rajasthan, Haryana, Punjab, Tamil Nadu and Karnataka.

Among the more well-known are Haryana's 'Apni Beti, Apna Dhan' scheme. It is the Department of Women and Child Development (DWCD) which took the initiative in October 1994-'Our Daughter Our Wealth' scheme, which has two main strategies: to recognize and honour mothers of girl children with a token monetary award at the birth of a girl child; and a long-term monetary investment for each girl child, which she can claim when she turns 18 provided she is unmarried. The scheme is being implemented in all districts of the state, in urban and rural areas.

Although, the above discussed financial incentives based on marriage and education criteria may reverse to an extent the prevalent gender discrimination, more sustained results would be required to further attitudinal and social change.

3.6.5 Reproductive Health Programme

Health-related indicators suggest that low mean age of marriage and high fertility levels contribute to reproductive health problems such as high maternal mortality rates and high infant mortality rates in India. As a consequence of this, adolescent girls are also provided services such as safe motherhood and family

planning services under the government's Reproductive Health (RH) programme. However, the Ministry of Health now plans to include a special component for adolescent girls. Post Cairo, the government has shifted to a target-free programme (in relation to family planning) and has now adopted the Reproductive and Child Health (RCH) programme initiated in 1997. Components of RCH care include: maternal care, including safe motherhood and nutritional services, prevention of unwanted pregnancies, safe abortion services, prevention and treatment of STD/RTI, reproductive health services for adolescents, child survival and nutrition and so on. Within the RCH programme, adolescent girls have been recognised as a distinct group with unique needs, and a committee of experts has been asked to formulate a comprehensive service package. The concept of RCH – as a need based, client-centred and demand-driven service programme lends itself to the inclusion of adolescent health needs. As a result, specific mention is made of improving outreach to previously left out groups such as urban slums, tribals and adolescents. Furthermore, indicators used for the categorisation of districts - crude birth rates, and female literacy rates necessitate an examination of adolescent issues.

Funding for the RH programme is in collaboration with donors like the World Bank which is planning a major thrust on adolescents in its next programme. Currently, the objectives of the Adolescent Health programme are:

- To implement the RH knowledge of adolescents.
- To create awareness in the community regarding the special health needs of the adolescent.
- To improve the self health care and health seeking behaviour of adolescents.

(MOHFW , Country Paper, 1998)

Despite such objectives and plans, the actual extent of commitment to adolescents has not been extensively evaluated and cannot be conclusively determined. There is little mention of adolescents in the RH programme literature and, significantly, adolescent health needs are not even mentioned as one of the main highlights of the programme. The reproductive health needs of married adolescents, especially girls, need a special focus. According to the Ministry of Health and Family Welfare, the recognition of 'married adolescents' as a special group would make it easier to evolve special programmes and services for them. Clearly, much needs to be done before Adolescent Health is fully integrated into the RCH programme. Also, with structural changes in programme implementation and the greater role of Panchayati Raj Institutes (PRIs) in service delivery, the impact of social attitudes and the priority given to adolescent health issues need to be taken into account in a more community driven programme.

3.7 Social Development

Social Development programmes and Adolescents:

- Nehru Yuva Kendra Sangathan
- National Service Scheme
- Programmes relating to juvenile justice and street children
- Gujarat Bicycle Scheme
- Haryana Integarted Women's Empowerment and Development Scheme

The Department of Youth and Social Affairs involves youth (including adolescents) in promoting social change and has also established activities to promote their development and growth. While there are a number of programmes such as adventure sports and awareness camps, the two main government

programmes are the Nehru Yuva Kendra Sangathan (NYKS) and the National Service Scheme (NSS).

3.7.1 Nehru Yuva Kendra Sangathan (NYKS)

The NYKS is an autonomous organisation and the largest grassroots organisation of its kind in the world with 8 million out-of-school rural youth and a network of 0.16 million youth clubs. The NYKS objectives are:

- To ensure the participation of rural youth in nation building activities.
- To develop their values and skills so that they become productive and responsible citizens of a modern nation.
- To pursue self-sufficiency in resources.
- To utilise the NYKS network for the development and promotion of programmes in the priority sector of employment generation, literacy and family welfare – especially for women.
- To network with other Govt. Departments for implementation of their programmes."

(CSO 1998: 68)

Through its youth clubs, NYKS carries out social campaigns, health awareness camps and mobilisation of rural youth for socio-economic development work in villages. While it is a powerful force and network for mobilisation, there still appears to be a gap in addressing the issues related to youth health and sexuality.

3.7.2. National Service Scheme (NSS)

The NSS was launched nation-wide in 1969 with the aim of assisting the self-development of student volunteers through community work. NSS work has been divided into five focal areas – National Integration and Social Harmony; Literacy; Gender Justice; Village Adoption and Life Style Education. The programme 'Universities Talk AIDS' (mentioned earlier) is also run by NSS volunteers.

In general, NSS programmes can be divided into 'regular programmes' and 'special camping' programmes. The regular programmes require students to volunteer for two years and to be part of community service activities such as health awareness activities, adult education, constructive work in slums, family welfare and AIDS awareness campaigns and so on. The special camping programme is essentially regarding short-term camps on specific themes such as "Youth Against Famine", "Youth for Social Harmony" and so on.
(CSO 1998: 67)

Like the NYKS, the NSS has a remarkably large outreach but its impact is not so well documented.

3.7.3 Juvenile Justice and Street Children Related Programmes:

Adolescents can be said to be subsumed in the provisions of the two programmes implemented by the Ministry of Social Justice and Empowerment : Integrated Programme for Juvenile Justice (earlier called Scheme for Prevention and Control of Juvenile Social Maladjustment in 1986-87) and Integrated Programme for Street Children (earlier called Scheme for Welfare of Street Children, initiated in 1992-93). The former is aimed at ensuring an effective implementation of the Juvenile Justice Act, 1986, under the purview of which adolsecent boys till the age of 16 and adolescent girls till the age of 18 are included. Some of the features of this programme include a training orientation and sensitisation of judicial, administrative, police and NGO personnel responsible for implementation of the Juvenile Justice Act, 1986. Under the second programme, a wide range of support services are provided to street children (including young adolescents) such as shelter, nutrition,

health care, sanitation and hygiene, safe drinking water, education, recreational facilities and protection against abuse and exploitation. The programme offers financial assistance to state governments/UT administration, local bodies and educational institutions in this regard. Till February 1999, around 102 centres were being run by voluntary organizations for the welfare of street children. A salient feature has been the provision of a child help line operational in cities such as Mumbai, Delhi, Calcutta, Hyderabad, Patna, Chennai etc. by a network of NGOs.

In both these programmes, however, the category of 'adolescents' needs to be explicitly addressed.

3.7.4 Media

In addition to the regular programmes for adolescents, the government has also used the media, mainly radio and television, to reach out to youth. For instance, the Government owned All India Radio network has a Youth voice station (Yuvavani) which broadcast programmes relating to adolescent issues ranging from sexuality, to career choices and personality development. These programmes were well received, and some had to be extended due to high demand. The success of the two most popular serials, Jeevan Saurabh and Dehleez, were attributed to "their developing a sense of ownership in the target audience by encouraging letters and questions... These radio programmes and follow-up activities addressed an important need of providing accurate information in a confidential manner to youth" (Singh, 1999, page : 247).

3.7.5 State schemes

While the central government has initiated schemes for adolescents, some of these that have had a significant impact on adolescents have been state run schemes. Most states also have their particular programmes for adolescents and it would not be possible to mention them all, but a few merit specific mention either due to their innovative features or their success.

Gujarat Bicycle Scheme

This scheme offers older adolescent girls (16-17 year old girls) bicycles after completion of their tenth standard. The scheme is less important in terms of its offer, but is noteworthy due to its symbolism. Empowerment is signified by individual mobility provided by the bicycle, which is also a reward for the girls' accomplishments. Part of the success of the scheme is due to the relative mobility of girls in Gujarat, and it is doubtful if the scheme would succeed in an area where women have less physical mobility.

Haryana Integrated Women's Empowerment and Development Scheme

Developed in collaboration with UNFPA, it is a comprehensive and multi-dimensional programme for women's (and girls') empowerment and education. There is a specific component for adolescent girls who are provided Life Skills Education and information on basic health, sanitation, reproductive health and women's rights. The programme is now in its second phase of implementation. There are provisions for initiatives for both adolecsent girls and boys. The life skills development programme for adolescent girls is directed towards girls in the age group of 12-18 years who have never been to school or are school dropouts. It enables them to achieve their self-development and encourages them to join Jagriti Mandalis (women's groups) once they are 18 years. Short duration (2 or 3 days) camps for adolescent boys aim at providing them with appropriate family life education and sensitise them to gender issues.

3.8 Conclusion

In concluding this section, it can be pointed out that policy and programmatic initiatives need to address adolescents more explicitly. This would also mean not viewing them merely as assets whose productive and reproductive potentialities need to be at best tapped and regulated. Instead, the human development approach needs to be more strongly articulated.

Furthermore, the government's policy and programme package requires a greater sensitivity to the socio-cultural milieu in which it is operationalized. It must necessarily address the dominant norms, values and ideologies- for example of patriarchy, of son-preference, of public-private dichotomy – which members of the society adhere to at large. In principle though many policies and programmes speak of the ideal of gender equity, in practice, however, for example, their growing emphasis on mothering and householding activities for adolescent girls, is suggestive of a certain degree of reinforcement of already existing gendered biases. What government policies and programmes need to work towards, in one way or the other, is initiating attitudinal and behavioural changes.

It must be noted that programmes should focus on gender equity, which by definition includes males. At present, there is a skew in programmes towards adolescent girls. Given the prevalent gender discrimination in the country, this is perhaps justified. However, there is cause for concern for adolescent boys – of their vulnerability to STDs, their employment in hazardous industries and other concerns. The challenge is to formulate gender sensitive programmes which address the needs, concerns and perceptions of both adolescent girls and boys. Also in India, where prevalence of early marriage is a feature, identifying the issues of 'married adolescents' is also an important concern meriting adequate policy and programme interventions.

Table 17 : Below is a summary of some government programmes on adolescents

MINISTRY/DEPT.	HEALTH		EDUCATION	ECONOMIC ISSUES	OTHER ACTIVITIES
NEHRU YUVA KENDRA SANGATHAN	- Establishment of Health Awareness Units to generate awareness, educate and adopt Health and Family Welfare programmes (including adolescence education) among the masses through the active participation of youth (youth organisations, youth coordinators) etc. Activities include lectures, plays, immunisation and sterilisation camps to increase awareness on issues of adolescence, gender, early marriage and child bearing and so on. - Youth Awareness Drives provide a forum for addressing problems such as HIV/AIDS			- Training in Self Employment Projects (TSEP) to equip youth with income generating skills. - Vocational training programmes provide youth with greater potential to enter new trades.	- The Youth Leadership Training Programme aims to identify youth leaders and imbibe awareness on development issues. - Establishment of Old Age Day Care centres through Youth Development Centres would provide a platform for bridging the generation gap between senior citizens and youth.
Ministry of Social Justice and Empowerment			Educational complexes and hostels for tribal girls		

MINISTRY/DEPT.	HEALTH	EDUCATION	ECONOMIC ISSUES	OTHER ACTIVITIES
Rajiv Gandhi Drinking Water Mission	Provision of safe drinking water and sanitation facilities in all schools in India.			
Department of Education Mahila Samakhya Programme		Provisions for equal access to educational facilities for adolescent girls and young women	Provisions for vocational training to adolescent girls and young women at the Mahila Shikshan Kendras	
Department of Women and Child Welfare Adolescent Girls Scheme	Provisions for improving malnutrition and health status of girls in the age group of 11-18		AGI scheme and Balika Mandals promote skills training besides providing supplementary nutrition facilities.	Encouraging adolescent girls to marry at a later age, after 18
Department of Health and Family Welfare RCH Programme	Provisions for maternal care, including safe motherhood and nutrition facilities, prevention of unwanted pregnancies, safe abortion facilities.			

MINISTRY/DEPT.	HEALTH	EDUCATION	ECONOMIC ISSUES	OTHER ACTIVITIES
Department of Education (Govt. Of Rajasthan) Lok Jumbish Programme		Establishing camps for addressing education needs of women and adolescent girls		
Govt. of Haryana & UNFPA Haryana Integrated Women's Empowerment & Development Project	Information provided on basic health, sanitation and reproductive health			-Life Skills Development Programme for adolescent girls: for personal, physical and mental development. - Short duration camps for adolescent boys: provision for family life education and sensitisation to gender issues.

Section Four: NGO ACTIVITIES AND PROGRAMMES ON ADOLESCENTS AT A GLANCE

4.1 Introduction

There are a large number of NGOs in India working on a diverse range of issues, which makes an analysis of the work of NGOs on adolescents a difficult task. There are only a few NGOs which are exclusively working on adolescent issues. However, many NGO programmes have an adolescent component built into them. What is a characteristic feature of most of these programmes is that they all have, in one way or the other, recognized the special needs of adolescent girls. However, an increasing number of NGOs are beginning to address adolescent boys as well. This section of the Profile shall only briefly describe the activities of some NGOs working on adolescent issues in India, since a detailed description of all NGOs in this respect is beyond the scope of this Profile.‰

NGOs adopt a variety of approaches and techniques combining private, community and government resources and adapting programmes to best suit their area and population.

The NGO programmes, like government programmes, can be divided into sectors such as health, education, employment and income generation and so on. However the description of NGO programmes below shows that an increasing number of organizations are moving towards holistic programmes. Though the sector of health, specifically sexual and reproductive health, enjoys the commitment of most NGOs to a direct involvement with adolescents, many have expanded their scope of activities to address adolescents in other areas as well, such as empowerment and general competence, income-generation, sexual abuse and violence. NGOs are increasingly beginning to make perceptible linkages among these various sectors.

The following account of the activities and programmes of different randomly selected NGOs is presented as snapshots. These snapshots in turn have been grouped vis-a-vis special areas of focus.

4.2 On reproductive health

FPAI

As the country's leading voluntary family planning organization, the Family Planning Association of India (FPAI), which promotes population, family life and sex education programmes to develop responsible attitudes among youth, has increased its programmatic thrust on adolescent reproductive health. Activities under the Comprehensive Reproductive Health Services include introducing adolescence education in schools and the introduction of special men's clinics. FPAI has joined a UNICEF collaborative project with the Mumbai Municipal Corporation to empower adolescent girls by enhancing their negotiating skills. Other initiatives include a series of radio broadcasts on various aspects of adolescent health and an adolescence guidance series at local colleges.

CARE

CARE India in collaboration with UNFPA and the Government of India, has facilitated a project on adolescent girls' health in Jabalpur, Madhya Pradesh - 'Improved Health Care for Adolescent Girls in Slums of Jabalpur, Madhya Pradesh'. CARE deploys the strategy of peer educators to sensitize adolescents on health issues. CARE trains medical staff and community health workers on adolescent health issues, who in turn train adolescents to become peer educators. The outreach strategies for adolescent girls have been the mainstay of the

‰This section of the profile does not claim to be a comprehensive or an exhaustive account of NGOs working on adolescents.

project. A characteristic feature has been the organization of Adolescent Girls Groups (AGGs) with a skill-building component. The project encourages the involvement of adolescent boys, husbands of adolescent girls, parents, teachers and community leaders. Information about sexual and reproductive health is imparted through specially prepared IEC (Information Education & Communication) material that enables adolescents to clarify the myths and misconceptions in this regard. Besides, adolescent girls and boys receive counselling and referral services through the network of Youth Friendly Services (YFS).

MAMTA

Mamta, Delhi uses non-formal education as an entry point to address adolescent health needs through clinics, counselling services, information, capacity-building programmes with advocacy and research on advocacy issues. It stresses on delaying marriage and child-bearing and views dissemination of health education to adolescent girls as an important step in preparing them for womanhood. It is, however, increasingly advocating a holistic approach towards adolescent issues. Mamta is currently looking at policies and programmes on adolescents in the country, in ten states, with support from UNFPA and MOHFW.

SRED

Society for Rural Education and Development (SRED) in Tamil Nadu focuses on providing safe, legal and confidential abortion services to adolescents. In offering medical support to unmarried pregnant adolescents, it works towards ensuring social acceptability on the part of the family and the wider community. Further, sexual violence remains an important focus for the organization.

CINI

The Child in Need Institute, popularly known as CINI, provides health care to women and children in rural and urban areas in the South 24 Parganas district as also in and around the city of Calcutta. Its adolescent health programme targets both in-school and out-of-school adolescent girls and boys through health sensitisation sessions, peer education for students and health awareness camps. Additionally, CINI conducts a clinic that provides reproductive health services to both married and unmarried adolescent girls.

CHETNA

Chetna, based in Ahmedabad and in Jaipur, aims at improving the health and nutritional status of marginalised women, adolescents and children. For this purpose, it uses the strategies of health education camp and mela (fair). Chetna organizes yuvati shibirs or residential camps, enabling adolescent girls to discuss and share their problems and life experiences. The participation of parents is also encouraged. The organization also aims at addressing the needs of adolescent boys by including them in its training modules and health awareness activities at the Health Centre. It has, in addition, also undertaken an action research project on reproductive and sexual behaviour of adolescent boys and girls in urban slums. That health issues cannot be dissociated from extra-health concerns such as gender sensitivity is a promising claim of the organization.

DEEPAK CHARITABLE TRUST

Deepak Charitable Trust, Baroda, has its current project focus on adolescent boys and girls. Besides involving a Family Life Skills Education Programme with adolescents, it aims at providing counselling services to married adolescents and imparting health awareness, including reproductive child health care.

SWAASTHYA

Swaasthya, New Delhi, undertook the Adolescent Sexual Behaviour research in 1996 (with the support of The Rockefeller Foundation) whose findings reiterated the vulnerability of adolescents to HIV. The study identified a need for community-based intervention programme addressing adolescents' sexual health concerns. This programme focuses specifically on adolescent girls in Tigri Resettlement colony in New Delhi.

TARSHI

TARSHI (Talking About Reproductive and Sexual Health Issues), Delhi, operates a telephone helpline, offering free and confidential information, counselling and referrals on sexuality and reproductive issues to adolescents. Basic sex information, conception and contraception are among some of the main concerns of adolescent callers. Infact, the organization's paper at the seminar on 'Role of Voluntary Agencies in Mobilising Adolescents in Reproductive and Child Health Programmes', 1998, cited basic sex information as the first concern of most adolescent male callers.

PARIVAR SEVA SANSTHA

Parivar Seva Sanstha, with its family planning clinics in large parts of the country, runs a Family Life Education Project which offers structured knowledge on various aspects of health, reproduction, sexuality, contraceptive and interpersonal relationships. Among the various groups covered are school children, including adolescents.

4.3 On sexual abuse and violence

Sexual abuse and violence against adolescent girls is a matter of concern that is being addressed by several organizations. This issue would also be part of the work of organizations on reproductive health and family life education. Organizations such as Sakshi, Delhi, Delhi Samvaad, Delhi and NIMHANS, Bangalore, in collaboration with others, are developing ways to respond to and prevent abuse. Delhi Commission for Women has set up the Crisis Intervention Centre with the help of five organizations for rehabilitating rape victims and Snehi is one of them.

4.4 On street children

YWCA

Among the major programmes are the multi-purpose services offered by the YWCA, India. Both in Bhopal and Delhi, the 'ASHA' project focuses on working with street children to improve their health, education and general social status. The target group being street children the project components include non-formal education, counselling, vocational training, rehabilitation and advocacy.

DON BOSCO SHELTER

Don Bosco Shelter, Mumbai/Delhi organizes street fairs once a month, which serve as health centres for street children where they can consult donors. This also provides a strong linkage between hospitals and street children, emphasizing the need for street-based instead of centre-based health interventions.

4.5 On education

M.V.F & COVA

M.V. Foundation, Andhra Pradesh started the Mahila Shikshan Kendra (M.S.K.) for adolescent girls, the first of its kind in India in 1992. Girls from 11 to 18-19 years live in the M.S.K. for a 3-5 year term, completing basic education (V standard onwards). Girls, who have been victims of sexual abuse, early marriage, family violence etc. are either encouraged to join mainstream residential schools for higher education or to go back home equipped with

literacy, life skills and economically self - sustaining options. The curriculum of M.S.K. and environment at the residential camps facilitate among the girls on awareness of the role & status of women, decision making abilities and powers for self-expression Mention may also be made of Confederation of Voluntary Agencies (COVA) in Andhra Pradesh, which facilitates an extensive networking with both government and non-government bodies at all levels enabling communities at the grassroots to link up with ongoing programmes on vocational skills combined with basic literacy at the wider level

KATHA & ANKUR

Katha and Ankur work in the slums of Delhi and have been implementing educational programmes for adolescent girls for over ten years. Ankur facilitates a rights-based approach for empowering adolescent girls. Katha, on the other hand, aims at empowering them by mainstreaming them into the education system and equipping them with income-generating skills.

4.6 On income generation

SEWA

SEWA focuses on women's income generation by organizing work on skills such as chikan embroidery work, and their groups also include adolescent girls. Sewa emphasizes on income generation as the key to women's empowerment. Besides, Sewa's health education programme has a component for adolescent girls ('Know Your Body').

UVCT

Urivi Vikram Charitable Trust (UVCT), Delhi aims at providing career guidance to school-going youngsters (project : Prerana). Its projects, Shakti and Sahara, facilitate vocational training programmes for school drop-outs in an attempt to prevent them from taking recourse to anti-social activities. UVCT is increasingly moving its thrust towards life skills for young adults.

There seems to be virtually no participation of adolescents in credit and savings programmes. Even if they were participating, these would need to be supplemented by entrepreneurship development programmes (EDP). One such example is the EDP run by Mamta. The organization had realized that for the success of its vocational skills training programme, linkages were required with other skills such as marketing, finance, contact building and overall business management. The EDP combined these skills with vocational skills training and credit facilities.

Adolescent reproductive health programmes may incorporate a skill-training component. Two examples can be cited- Society for Educational Action and Research in Community Health's (SEARCH) 'Youth Life Education and Personality Development Programme' for adolescent girls and boys from the tribal population in rural Maharashtra; Rural Women's Social Education Centre's (RUWSEC) wide range of programmes for married and unmarried adolescent girls and boys in rural Tamil Nadu who are factory workers, school adolescents and drop-outs.

4.7 On general competence & empowerment (gender equity)

ADITHI

Adithi, Bihar, advocates adolescent girls' programmes, which include awareness-building through non-formal education, income-generation and self-development. Adithi operates through its non-formal education centres and the Balika Kishori Chetna Kendras (unmarried girls' awareness centres). It started these kendras in 20 villages with the support of UNICEF. The kendras emphasize gender equity. The curriculum at these centres include legal literacy, health and sex education, information about government schemes

for girls and how to benefit from them as also how to deal with sexual harassment and abuse. A unique feature would be efforts at sensitizing adolescent girls to the adversities of the patriarchal system. The kendras also provide life skills education to teach girls several coping mechanisms. The centres also retain a component of income-generation activities that serve as an incentive for parents to send their daughters to the kendras. The kendras have experimented with various ventures like goat-rearing, poultry, candle-making, applique work and vegetable gardening. These interventions aiming at giving girls control over assets thus enables them to enjoy greater authority in the family and the larger community and is, hence, an important part of the empowerment process.

Adithi works with adolescent boys through its Balak Vikas Kendras (boys' learning centres). The target group includes young adolescent boys (9-16 years) not attending school. The main objectives of the programme deserve mention – encouraging a personality development in boys that is not misguided by prevalent social prejudices and stereotypical gender role biases as also arousing in them a sensitivity to the need for doing away with such social ills as dowry and female infanticide. Adithi stresses on the importance of involving boys in programmes that promote gender equity.

RUWSEC

The key features of RUWSEC's (Tamil Nadu) adolescent programme include enabling adolescents to cope with the physical and emotional changes of adolescence; facilitating the self-development of adolescents with responsible decision-making capabilities, and advocating such attitudinal and behavioural patterns that can ensure egalitarian and humane gender relations. RUWSEC's project activities for both adolescent girls as well as boys include life-skills education workshops, health and allied services, literacy and support services for vocational training, recreational and social activities. RUWSEC has integrated into the life skills approach an explicit gender analysis and a training focus. It thus advocates a comprehensive approach, aiming at addressing the adolescent in his or her totality.

SUTRA

The Society for Social Uplift Through Rural Action (SUTRA) in Himachal Pradesh aims at working towards challenging gender norms. SUTRA's work revolves around mahila mandals (women's groups), panchayats (local governing councils) and yuvati sangathans (adolescent girls' groups). The yuvati shibirs or camps for adolescent girls are residential camps focussing on a rights based approach which facilitate their empowerment. Girls discuss different issues such as dowry, eveteasing, legal issues, and reproductive health. Yuvati shibirs, targeting unmarried adolescent girls between 12 and 22 years aim at meeting certain objectives : an understanding of the status of women, a sensitivity to the patriarchal system and ensuring an ability to cope with its consequent injustices. Further, it aims to disseminate information about legal, health and other issues pertaining to women. SUTRA also uses the strategy of Sahyogins (village-based activists) to convince family members of the usefulness of allowing their daughters to attend these camps. In addition, SUTRA's newsletter, Yuva Sathin, tries to raise awareness about gender stereotypes propagated in textbooks used in the government primary schools.

CEDPA

Many Indian NGOs working on an empowerment model base their programmes on the Centre for Development and Population Activities' (CEDPA) 'Better Life Options Programme'. This programme

is a global initiative to expand life options for girls and, by doing so, challenging gender inequity. The programme addresses the needs of adolescent girls at three different levels- non-formal education, skills and vocational training, family life and reproductive health, and educational services. Recognizing that the success of the programme for adolescent girls and fostering gender equity is not possible without community awareness and participation, the programme actively encourages the involvement of parents, community members and boys. The success of the programme has led to its expansion to include adolescent boys.

PRERANA

The CEDPA model has been successfully used by NGOs such as Prerana in its adolescent programmes. The latter aims at creating an enabling environment for adolescents to develop their full potential, their self-esteem and ability, to contribute to family, community and societal development. The 'Better Life Demonstration Project for Girls and Young Women aged 12-20 years was started in 1990 and the NGO has taken the innovative step of developing a parallel programme 'Better Life Development Project for Boys and Young Men'. Prerana undertakes innovative programmes which help change the perception of the community on adolescent issues. For example, by providing girls with video training, instead of training in traditional skills, it has increased the confidence of girls and improved their position within the community. It has increased the demand of adolescent boys for such training The parallel programme for boys, started in response to this, aims at making boys and young men partners in empowering girls and challenging gender roles of men and women.

Prerana's networking efforts have enabled the implementation of similar projects in other parts of the country: Sevagram Vikas Sansthan in Bharatpur, Rajasthan, Uttranchal Youth and Rural Development Centre, Chanmoli,Uttar Pradesh, Adarsh Sewa Samiti, Muzaffarpur and SPARSH in Haryana.

Other projects based on the CEDPA Better Life Options Programme seeking to increase the self-esteem of adolescent girls through a comprehensive programme covering empowerment, education, skills training and family life education (and involving the community) include:

Gujarat State Crime Prevention Trust (GSCPT) - It uses vocational training to introduce girls to issues of family life education, especially reproductive health education. The programme also focuses on building the capacities of girls for political participation and leadership.

Satya Shodhan Ashram- Supported by UNICEF, this programme takes initiative among the Bedia community to prevent the girls from entering commercial sex trade which is perpetuated in the guise of dance. The organization is actively involved in an advocacy to apply the Labour Act to this situation.

Bharatiya Grameen Mahila Sangh (BGMS)- In addition to providing intensive inputs to adolescent boys and girls in villages in and around Indore, in Madhya Pradesh, it has now graduated to becoming a Resource Centre for the whole state, identifying potential partners and building up their capacities to take up adolescent programmes. BGMS has also started sensitisation programmes for the Wardens of tribal girls' and boys' hostels, to reach out to as many adolescents as possible.

POPULATION COUNCIL

In its Gender, Family and Development Programme, the Population Council explicitly focuses on adolescents by documenting programmes on adolescent girls, sharing lessons learned and influencing policy to address adolescent needs. It is also undertaking research to understand adolescent parents' experience of first pregnancy, their attitudes regarding delaying first and second births, the information needs of adolescent parents and

the role of family members in reproductive decision-making. It primarily operates on the premise that reproductive health and gender issues are inextricably linked.

4.8 Conclusion

These are just a few examples of organizations working with adolescents, but these provide a glimpse of the scope of their activities. An encouraging trend has been the increased recognition by NGOs of the unique needs of adolescents and a move to accomodate their special needs. This has meant a growing recognition of adolescents as a separate target group instead of categorizing them under other groups like women or children. Another trend has been the move towards holistic and integrated projects and programmes for adolescents as organizations are increasingly beginning to discover the interlinkages between adolescent issues such as health, education and so on. Furthermore, some NGOs have realized the importance of involving adolescent boys in their programmes, specifically with a view to mobilizing their support for improving the status of adolescent girls. This is surely a positive indicator for initiating socio-cultural change by challenging the compulsions of unequal and unjust social structures. But, then, it would also be important to accomodate the needs and perceptions of adolescent boys as 'adolescents' instead of merely focussing on them vis-a-vis the concerns of adolescent girls. What also deserves mention is the problem of viewing 'health' only in terms of its sexual and reproductive connotations. There is the need to look at health in all its dimensions – as physical, emotional and social well-being. Such a conceptualization of health is an integral component of the Life Skills approach (WHO) with its increasing focus on thinking, social and negotiating skills. It would be more meaningful for NGOs to integrate this approach into their adolescent-oriented activities and programmes.

However, to meaningfully address adolescents and their needs, the promising claims that many NGOs make need to be effectively operationalized in practice. In doing so, many organizations do face constraints such as lack of resources. It is here that the importance of joint efforts and collaboration with national and international partners can be emphasized.

General Conclusion

The profile has raised certain issues which maybe grouped broadly into three categories:

- Health
  - Reproductive health concerns
  - Sexual activity and behaviour
  - Nutritional needs
  - Drug abuse
  - Vulnerability to STDs & HIV/AIDS
- Gender
  - Discrimination
  - Invisibility
  - Patriarchy
  - Violence
  - Male involvement
- Education
  - Illiteracy
  - Drop-outs
  - Child labour
  - Non-formal education

The Profile has therefore suggested certain indicators that can guide initiatives being undertaken for adolescents:

- Increased conceptual clarity
- Adequate database with age and gender disaggregated data
- Establishing multi-sectoral linkages
- Policy sensitivity
- Programmatic focus
- Facilitating an enabling and supportive environment
- Encouraging participation and involvement of adolescents

An overview of the UN System's interventions and of government policies and programmes for adolescents suggests an urgency to address adolescents more explicitly and completely in their own right. They need to be mainstreamed as a separate group instead of being subsumed under policy and programme provisions for children and adults. In this regard, the importance of defining adolescents in terms of age specific criterion becomes very crucial.

A complementarity in adolescent oriented initiatives of various sectors such as health, education, employment etc. needs to be emphasized. Also of importance, alongside, is a complementarity in adolescent related interventions of different government departments/ ministries and organizations of the UN.

Any policy or programme directed towards adolescents requires a sensitivity to the given socio-cultural environment. Gender biases and discrimination highlighted, in one way or the other, throughout the Profile, bring out the very significance of social and cultural change – a change in behaviour and attitudes, norms, values and ideologies of the society at large. Any provisions for adolescents, in order to be meaningfully realized, must be able to address the wider gamut of socio-cultural inequalities within which issues and concerns of adolescents are embedded. Accordingly, a gender sensitive budget analysis can be made an important part of policy and programming efforts undertaken by the government and the UN system.

Further, it may be meaningful to link up the issues relating to adolescents with the priorities of the United Nations Development Assistance Framework (UNDAF) : promotion of gender equality and strengthening of decentralization. Gender justice and participatory governance, the strategic themes for UNDAF in action, can surely impact on the needs and concerns of adolescents.

The human development approach needs to be strongly integrated with all adolescent related interventions. Ensuring the rights, needs and perceptions of adolescents as individuals in themselves gains considerable importance.

> A decent standard of living, adequate nutrition, health care, education, decent work and protection against calamities are not just development goals they are also human rights.....human development is essential for realizing human rights, and human rights are essential for full human development.
> (UNDP Human Development Report, 2000)

In policies and programmes related to adolescents there has been a noticeable skew towards adolescent girls. Given the situational analysis of adolescents in India where there is widespread gender discrimination, this may be identified as an encouraging trend. However, the importance of addressing the needs and concerns of adolescent boys, in their own right, cannot be ignored. Many NGOs are increasingly bringing adolescent boys under the purview of their activities and programmes.

Resource constraints in the implementation of provisions for adolescents is of considerable importance, particularly in the voluntary sector. This brings into light the significance of achieving a synergy in the efforts of the government, UN System and NGOs. However, it deserves mention here that the voluntary sector is one aspect of and is surely not coextensive with the notion of 'civil society'. This Profile has focussed only on the voluntary sector. The other possible areas of civil society may also be explored.If civil society is taken to be inclusive of the private and corporate sector, the media, women's groups, youth organizations etc., then, synergizing the adolescent-related interventions of the government, UN system and civil society as a whole would be of considerable value.

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