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Adolescent Lives in Bihar and Jharkhand, India:
Insights from the DISHA Baseline Survey

Background

One of India's greatest challenges is improving the lives and prospects of adolescents and young adults. With a large adolescent population and high rates of child marriage and early childbearing, youth reproductive and sexual health has become a priority for policy-makers, programmers and researchers.

The International Center for Research on Women (ICRW) and six partners are implementing the Development Initiative on Supporting Healthy Adolescents (DISHA) project, which seeks to improve the reproductive health and lives of youth in the states of Bihar and Jharkhand in India. DISHA, funded by the David and Lucile Packard Foundation, employs an integrated approach with three overlapping components:

- Improve youth skills and capacity regarding reproductive health and livelihood opportunities;
- Ensure the provision of youth-friendly health services; and
- Mobilize the community to support young people's access to reproductive health information and services.

This integrated approach specifically acknowledges that young people's awareness of reproductive health issues and services and their willingness to use available services are fundamentally embedded in their broader socio-cultural and economic environment.

The DISHA interventions aim to achieve the reproductive health goals of delaying marriage and childbearing among youth, providing youth with alternatives to early marriage, and increasing their access to reproductive health information and services. Each partner's intervention incorporates the three components of the integrated approach and targets 12,200 youth in more than 200 communities. This brief describes the results of a baseline survey conducted to assess community needs.

At a Glance: Development Initiative on Supporting Healthy Adolescents (DISHA)

Location: Six sites in Bihar and Jharkhand, India
Study Design: Quasi-experimental design, with pre- and post-intervention surveys in experimental sites and a control site in each state
Baseline Sample: Survey of a random sample of boys (n=1,750) and girls (n=1,767) between the ages of 14 and 24, and adults (n=1,231) ages 30 and older

International Center for Research on Women

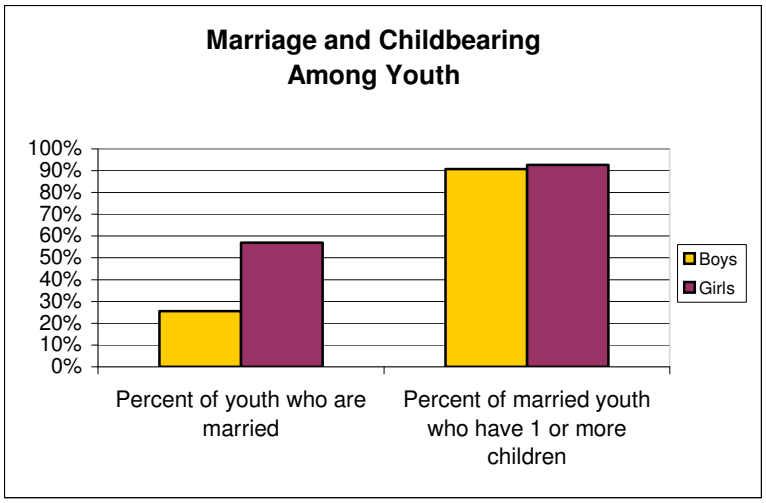
Headquarter Office:
1717 Massachusetts Ave. NW, Ste. 302
Washington, D.C. 20036
tel: 202.797.0007
email: info@icrw.org
web: www.icrw.org

Country Office:
42, First Floor
Golf Links
tel: 91-11-2465-4216
email: info@icrwindia.org

Baseline Survey Key Results

1. Marriage and childbearing occur during adolescence, especially for girls, and earlier than most boys and girls prefer. Survey results indicate that marriage takes place at young ages,for girls in particular, in both Bihar and Jharkhand. At the time of the survey, 57 percent of girls and 27 percent of boys ages 14-20 said they were married. Both girls and boys frequently married below India's minimum legal age (18 for girls and 21 for boys). Of those who were married, the average age at marriage was 16 for girls (n=1,007) and 19 for boys (n=448). This average was younger than either group's ideal age of marriage: approximately 17 for girls and 21 for boys. Fewer than 30 percent of either boys or girls reported that their wishes were taken into account when the decision to marry was made, reflecting the influence of household elders.

Childbearing follows shortly after marriage and is nearly universal: 93 percent of married girls and 91 percent of married boys in the sample had at least one child, with the first child being born 18-24 months after marriage.



The vast majority of couples live in joint households where elders are key decision makers. Families often exert decisive social pressure on couples to bear children soon after marriage, and both young men and women expressed that elders often do not consider their childbearing preferences. This influence was greater for young men whose preferences are generally ignored by their household elders. Fifty-nine percent of males versus 38 percent of females reported that household elders never take their opinion into account regarding childbearing matters, suggesting that young men feel they are excluded from the childbearing decision-making process. Young women, on the other hand, were more likely than young men (33 percent and 18 percent, respectively) to report that household elders did consider their opinion regarding when and how many children to have.

Both girls and boys said they were able to discuss with their spouse when and how many children to have, although this proportion was somewhat higher for boys. Together, these figures suggest some desire for delaying marriage and childbearing among youth, but these decisions are largely determined by older household members.

2. Among youth, knowledge of reproductive health and use of services is low despite a desire to delay and/or space first and second births. Survey results show that among young people, overall knowledge about contraception remains poor. The birth control pill and condom are the most widely recognized forms of temporary contraception among adolescents in Bihar and Jharkhand. In the full sample including both states, 64 percent of adolescents were aware of the pill and 60 percent were aware of the condom, compared to only 34 percent who knew of the intrauterine device (IUD), and 22 percent who knew about injectable contraceptive methods. Reproductive health knowledge is greater among boys than girls, and a greater proportion of boys (78 percent) than girls (46 percent) could identify how to obtain at least one method of contraception. Slightly more than half (54 percent) of boys could name one sexually transmitted

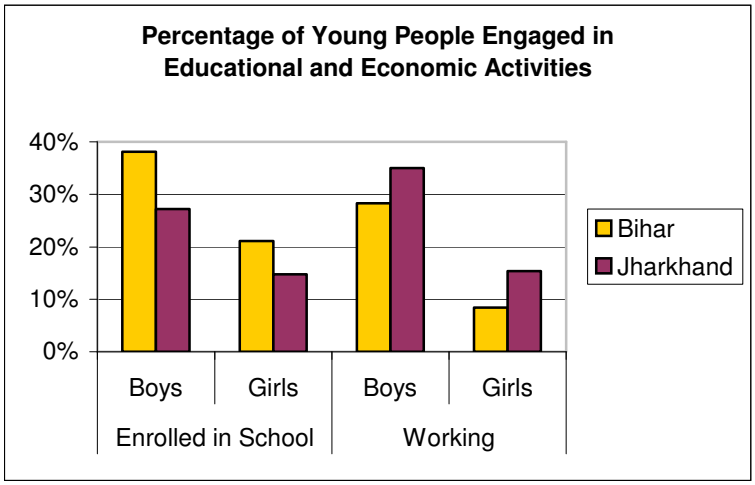
disease (STD), compared to 22 percent of girls. Only 12 percent of girls and 30 percent of boys surveyed correctly identified two modes of HIV/AIDS transmission.

The baseline survey shows that youth access to reproductive health services in Bihar and Jharkhand is inadequate. Just over half (57 percent) of adolescent girls who had children received any check-ups during their first pregnancy. Nearly 80 percent of young women gave birth outside a medical facility—in their home or a neighbor's home—and less than half of babies born were delivered by a doctor or nurse. Use of modern contraception is also low: Only 12 percent of married girls and 15 percent of married boys use any method of family planning, despite 20 percent of married girls and 23 percent of married boys reporting a desire to delay the first birth. More than 20 percent of both girls and boys who had two or more children reported a desire to delay a second birth.

3. Lack of mobility and negative attitudes among adults toward reproductive health limits access to and use of services, especially for girls. Limited mobility and lack of parental support are the major barriers to youth access to reproductive health services, particularly for girls, and for unmarried youth. Both boys and girls experience limits on their mobility, but the extent of restriction on girls is much greater. When asked about accessing a health care center outside their village when they are sick, 40 percent of boys reported having to ask permission from a family member before seeking health services, whereas 71 percent of girls reported having to be accompanied to see a medical provider. Twenty-five percent of boys and 12 percent of girls can access a medical provider without permission or after informing someone. As a result, use of these services is heavily influenced by adults and their views.

Generally, adults are much more supportive of young people's reproductive health needs within marriage than outside marriage. While 69 percent of adults surveyed agreed that family planning should be available to married girls and boys ages 14-15, only 11 percent supported this idea for unmarried youth. In addition, adults were much less supportive of informing youth, especially girls, about reproductive health issues prior to marriage, with 64 percent of adults reporting that girls should not be informed of how pregnancy occurs before they are married, and 74 percent of adults reporting that girls should not be informed of "sexual matters" before they are married. However, adults were more supportive of informing youth about the risks of sexual activity: Specifically, adults approve of informing unmarried boys and girls about STDs (56 percent), and HIV transmission (63 percent).

4. More boys than girls are in school or employed, but important differences exist between Bihar and Jharkhand. While adults were supportive of education and employment options for both sexes, actual opportunities remain limited for youth, and especially girls, in both states. Boys and girls in Bihar report higher levels of school enrollment and lower levels of paid economic activity than their peers in Jharkhand. In Bihar, 21 percent of girls and 38 percent of boys currently are enrolled in school, compared to only 15 percent of girls and 27 percent of boys in Jharkhand. Adults had a generally positive attitude toward education for both boys and girls (94 percent and 97 percent in Bihar and Jharkhand,



respectively) and employment (79 percent and 88 percent in Bihar and Jharkhand, respectively). However, these positive attitudes are not reflected in the employment behavior of youth, for whom employment opportunities are limited. When asked about labor market activities, 8 percent of girls and 28 percent of boys in Bihar report receiving pay for economic activity in the past six months, compared to 15 percent of girls and 35 percent of boys in Jharkhand. On average, wages are significantly higher for boys than girls in both states.

5. Young people exhibit high self-confidence and self-esteem, but this varies by gender and state.

Young people in both states express high self-esteem and self-confidence with regard to their qualities and roles in the household, despite their impoverished setting. While differences exist between girls and boys, particularly in Bihar, there is relative gender equity in terms of perceptions of self-worth and abilities in Jharkhand. More than 90 percent of boys and 75 percent of girls in Bihar believe they have good qualities and skills, compared to 72 percent of boys and 78 percent of girls in Jharkhand. Similarly, more boys in Bihar (94 percent) are confident in their ability to do as many things as other people when compared to girls (74 percent) while in Jharkhand this confidence level is 71 percent among boys and 76 percent among girls. Although both boys and girls expressed that they are important members of their households, the feeling is slightly more pronounced among boys than girls in Bihar (93 percent of boys compared to 74 percent of girls). There is no gender gap on this issue in Jharkhand (80 percent for boys and 79 percent for girls). The high self-confidence reported in the survey is surprising given the difficult life conditions facing this generation and suggests that interventions built around the self-confidence of young people may encourage youth to be more proactive in terms of health and livelihood opportunities.

Implications for Interventions

The DISHA baseline survey results confirm that the youth of Bihar and Jharkhand face a number of challenges to their reproductive health and well-being that stem from a variety of inter-related sources. In particular, the results highlight the ways in which the interplay between different aspects of young people's lives may be shaping their behavior and options. This is particularly true for girls and young women, whose ability to take advantage of existing reproductive health services, education options, and new economic opportunities is severely constrained, and occurs in the context of early marriage and childbearing. To help improve the life and health conditions of young people, policy and program interventions need to address the lack of adequate services, the limited set of opportunities, as well as the social and familial constraints such as limited mobility for girls and the pressure to marry daughters at young ages. These interlinkages suggest that interventions need to address the multiple spheres of young people's lives in order to improve the lives of youth in a sustainable way.

Related Resources

ICRW (2004). *Development Initiative on Supporting Healthy Adolescents (DISHA): Information Bulletin*. Washington, D.C.: ICRW.

ICRW (2005). *DISHA Baseline Quantitative Report: Selected Data from Project Sites, September 2005*. Washington, D.C.: ICRW.

ICRW (2006). *Improving Adolescent Lives through an Integrated Program*. Washington, D.C.: ICRW.

For further information, contact:

Sanyukta Mathur
Public Health Specialist
Specialist
International Center for Research on Women
Women
1717 Massachusetts Avenue, NW Suite 302
Washington, DC 20036 USA
Tel: 202-797-0007
smathur@icrw.org

Sreela Das Gupta
Population and Reproductive Health

International Center for Research on

42, 1st Floor, Golf Links
New Delhi - 110 003 India
Tel: 91-11-2465-4216
sdasgupta@icrwindia.org