

Risks and opportunities for the world's largest national population of adolescent girls



Khamma Devi, an advocate for women in the community, explains the ill effects of child marriage to girls and women in Himmatpura Village, India.

“Ensuring the nutritional, health and educational needs of its adolescent population, particularly girls, remains a key challenge for India.”

India is home to more than 243 million adolescents, who account for almost 20 per cent of the country's population. Over the past two decades, rapid economic growth – with real gross domestic product averaging 4.8 per cent between 1990 and 2009 – has lifted millions of Indians out of poverty; this, combined with government programmes, has led to the improved health and development of the country's adolescents. However, many challenges remain for India's youthful population, particularly for girls, who face gender disparities in education and nutrition, early marriage and discrimination, especially against those belonging to socially excluded castes and tribes.

India ranked 119 out of 169 country rankings in the United Nations Development Programme's gender inequality index (GII) in 2010. While the country has made significant progress towards gender parity in primary education enrolment, which stands at 0.96, gender parity in secondary school enrolment remains low at 0.83. Adolescent girls also face a greater risk of nutritional problems than adolescent boys, including anaemia and underweight. Underweight prevalence among adolescent girls aged 15–19 is 47 per cent in India, the world's highest. In addition, over half of girls aged 15–19 (56 per cent) are anaemic. This has serious implications, since many young women marry before age 20 and being anaemic or underweight increases their risks during pregnancy. Anaemia is the main indirect cause of maternal mortality, which stood at 230 maternal deaths per 100,000 live births in 2008. Such nutritional deprivations continue throughout the life cycle and are often passed on to the next generation.

Although the legal age for marriage is 18, the majority of Indian women marry as adolescents. Recent data show that 30 per cent of girls aged 15–19 are currently married or in union, compared to only 5 per cent of boys of the same age. Also, 3 in 5 women aged 20–49 were married as adolescents, compared to 1 in 5 men. There are considerable disparities depending on where girls live. For instance, while the prevalence of child marriage among urban girls is around 29 per cent, it is 56 per cent for their rural counterparts.

The Government of India, in partnership with other stakeholders, has made considerable efforts to

improve the survival and development of children and adolescents. One such effort is the adolescent anaemia control programme, a collaborative intervention supported by UNICEF that began in 2000 in 11 states. The main objective of the programme is to reduce the prevalence and severity of anaemia in adolescent girls through the provision of iron and folic acid supplements (weekly), deworming tablets (bi-annually) and information on improved nutrition practices. The programme uses schools as the delivery channel for those attending school and community Anganwadi Centres, through the Integrated Child Development Services programme, for out-of-school girls. The programme currently reaches more than 15 million adolescent girls and is expected to reach 20 million by the end of 2010. Attention has also been given to child protection issues. In 2007, the Government enacted the Prohibition of Child Marriage Act, 2006 to replace the earlier Child Marriage Restraint Act, 1929. The legislation aims to prohibit child marriage, protect its victims and ensure punishment for those who abet, promote or solemnize such marriages. However, implementation and enforcement of the law remain a challenge.

Non-governmental organizations such as the Centre for Health Education, Training and Nutrition Awareness (CHETNA) work closely with the Government and civil society to improve the health and nutrition of children, youth and women, including socially excluded and disadvantaged groups. CHETNA also works to bring awareness of gender discrimination issues to communities, particularly to boys and men, and provides support for comprehensive gender-sensitive policies at state and national levels.

Ensuring the nutritional, health and educational needs of its adolescent population, particularly girls, remains a key challenge for India. Widening disparities, gender discrimination and the social divide among castes and tribes are also among the barriers to advancing the development and protection rights of young people. Increased investment in the country's large adolescent population will help prepare them to be healthy and productive citizens. As these young people reach working age in the near future, the country will reap the demographic dividend of having a more active, participatory and prosperous society.

See References, page 78.