



# YOUTHBOL

MAKING YOUTH VOICES COUNT





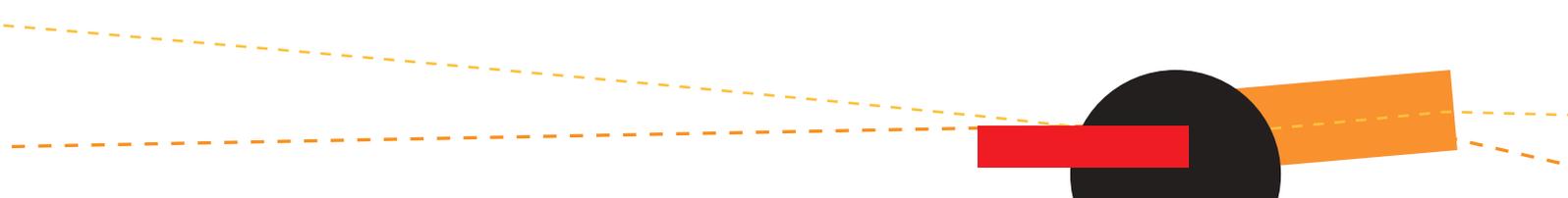
India has a 35-crore strong segment of young people that carries immense power and conviction in determining the future of this country. For India to reap the benefits of this demographic dividend, we need to listen to their voices, understand their aspirations and respond to their needs.

We must ensure that youth voices are included in the process of designing policies, programs and schemes that impact them and shape their lives.

To provide a platform for these voices, C3 and its partners launched the YouthBol Campaign for young people aged 10-24. The purpose of the poll is to understand what the youth in India want, when it comes to policies, programmes, measures and facilities with respect to their health and well-being. C3 conducted and coordinated the poll both in the field, as well as online, reaching out in the process to more than one lakh respondents.

The YouthBol campaign has given a voice to this segment of India's population, who have made their wishes and needs known – now it is our responsibility to act, deliver and fulfill these aspirations with young people as our partners.

**Dr Aparajita Gogoi**  
Executive Director (C3)



# CONTENTS

YouthBol: Making Youth Voices Count **2**

Why YouthBol? **6**

Listening To 1,10,092 Voices:  
The process **8**

Our Mobilizers **9**

YouthBol Findings: Who  
Did We Hear From? **11**

YouthBol Findings: What Do  
Young People Want? **13**

The Charter of the Young **19**



“ The YouthBol Campaign is an effort to put adolescents and young people at the heart of the youth health and well-being agenda. YouthBol is rooted in the belief that there is a need to articulate specific health and well-being demands of young people, and that intentional participation of the youth can lead to authentic empowerment of young people in India. ”



# YOUTH BOL

● Making Youth Voices Count

**F**or too long, in public and private spaces, decisions have been made on behalf of and in the name of adolescents and young people. It is now time to include the voices of young people in formulating agendas and policies for the youth.

The YouthBol Campaign has sought to galvanise adolescents and young people's points of view on their health and well-being, as well as their access to services and information. To do this, we set out to ask over one lakh adolescents and young people across India about their top priorities when it comes to their own health and well-being.

## CAMPAIGN AIMS

- ✎ Enable the articulation of top health and well-being priorities of adolescents and young people, across access, services and quality.
- ✎ Through generation of disaggregated data and evidence, understand youth demands and aspirations to better inform youth policy and programming.
- ✎ Understand the barriers faced by adolescents and young people in accessing information and services.

## EXPECTED CAMPAIGN OUTCOMES

- ✎ Young people's opinions and demands integrated into policy and program designs.
- ✎ Youth participation mainstreamed in policy decision-making.
- ✎ Young people provided access to relevant information and services on health and well-being.
- ✎ Conversation advanced on young people's health through destigmatization and correction of misconceptions



The genesis of the YouthBol campaign lies with C3's extensive experience in leading advocacy campaigns. Under the aegis of the White Ribbon Alliance India, C3 spearheaded the 'Hamara Swasthya Hamari Awaz' campaign, which positioned women at the forefront of maternal health care. Over three lakh women across India raised their collective voices to demand quality care during pregnancy, childbirth and in family planning services. Soon, the campaign gained momentum, and learnings from the successful Indian campaign were transformed on the world stage as the global 'What Women Want' campaign, which interviewed over ten lakh women and girls worldwide on their maternal health and reproductive health priorities.

The YouthBol campaign is led by Centre for Catalyzing Change (C3), one of the first organizations to have started working with young people in India over 30 years ago. At the core of C3's mandate is an abiding belief that for young people, voice, agency, confidence and high self-esteem are the foundations for personal growth. C3 actively

**Launched in September 2018, YouthBol heard from 1,10,092 young people from three different age groups - 10 to 14 years, 15 to 19 years and 20 to 24 years - across 27 States and 4 Union Territories of India, about their top priorities regarding their health and well-being.**

partners with adolescent girls and boys in creating their own solutions to situations they encounter at home, in their communities, in school, at work, and with male and female peers. Our programs are aimed at equipping girls and boys with practical life skills, improving confidence in personal decision-making, increasing self-esteem, overcoming gender barriers and increasing their access to information and services on reproductive health, nutrition, and overall wellness. Within the domain of our work with adolescent girls and boys, our goal is to enable them to stay in school, delay age at marriage, promote gender equity, and help young people reduce their vulnerability to exploitation and violence, thereby increasing opportunities for a safer, healthier and more fulfilling, gender-equal and meaningful life.

For C3, the YouthBol Campaign is a way of facilitating a participatory and inclusive shaping of programming for adolescent and young people in India. YouthBol is conceptualized, designed, and executed by a young task force at C3, guided internally by senior management, and the Steering Committee of the Campaign.

**“When I first heard about the campaign, and the questions young people in India were asking through YouthBol, I realized how much I had in common with them.**

**No matter which part of the country you're from, no matter what you do, and no matter how successful or famous you may ultimately become, at the end of the day, we're all concerned about our health: both, our physical and our mental health.**

**YouthBol has provided over one lakh young people in India the opportunity to share their thoughts on the things that are most important to them, and it is making sure that their voices are heard.**”

**P. V. Sindhu**, 2019 Badminton World Champion, 2016 Olympic Medallist, and YouthBol Ambassador



Reaching 1,10,092 young people and ensuring the inclusion of diverse voices was by no means an easy task. This Campaign would not have been possible without the support of several people and organizations. We would like to express our heartfelt thanks to:

- The adolescents and young people of India, 1,10,092 of whom participated in this poll and enabled us to understand their pressing needs and aspirations.
- P. V. Sindhu, Indian's badminton icon, for understanding the need for the Campaign and agreeing to come on board as the Campaign Ambassador.
- USAID's Maternal and Child Survival Program (MCSP) for their trust and patience as we completed the survey questionnaire design, framed the methodology and completed the data analysis.
- The YouthBol Steering Committee: the David and Lucile Packard Foundation, Agents of Ishq, HAIYYA, Love Matters, USAID-MCSP, and The YP Foundation, for their valuable support and insights throughout the Campaign's journey.
- Our Mobilizers: 31 grassroots partner organizations which powered the successful completion of this Campaign.
- Dr. Aparajita Gogoi, Executive Director, C3, for giving us the assurance and confidence to embark on this ambitious journey and for being the steady hand that steered us through the Campaign.
- Anuragini Nagar, Senior Manager, Strategic Investment, C3, for being on our team and motivating us when the chips were down.
- And C3's state teams in Bihar, Chhattisgarh, Jharkhand and Odisha, for their continuous insights and strategy to mobilize the young people in their respective regions.



Tanisha Chadha



Saumya Vaishnav



Devaki Singh



## THE LIMITATIONS

YouthBol is primarily a vox-populi advocacy campaign. For this reason, there was no sampling frame and weightage adopted for data collection and analysis, since the goal was to reach as many adolescents and young people as possible. Given this, certain demographic groups and regions of the country are over-represented in the responses. While this is not 'research' in the conventional sense, nonetheless, to our knowledge, YouthBol represents the largest collection of adolescent and youth perspectives on their health and well-being. Thus, its findings could constitute an essential resource for policy practitioners seeking to establish youth-friendly services in India.

**YouthBol has mobilized young Indians on an unprecedented scale. Adolescents and young people have voiced their demands for better health and well-being. It is a decisive call for better quality, and holistic, non-judgemental and equitable information and services. It is now up to us to ensure that these aspirations are positioned at the centre of decision-making around health and well-being.**



# WHY YOUTHBOL?

**T**he world today is a young place. With one in six persons in the world being between the ages of 10-19 – a population of 1.2 billion<sup>1</sup> – young people are considered a resource and asset. Importantly, young people are more receptive to change and have a substantial stake in creating a strong and prosperous future. India is leading the surge in youth population, with projections by the Government of India estimating that by 2021, 26% of the country's population will be between the ages of 15 and 29<sup>2</sup>. Having reached this demographic point, investing in the aspirations of adolescents and young people is imperative to achieve national development goals.

Prioritizing young people's health and well-being, their education, skilling, productivity, and economic potential are all crucial, if India is to capitalize on this vast demographic dividend. Moreover, it is also important to acknowledge that young people are best poised to advocate for their needs in creating and implementing policies and programs that ensure quality, youth-friendly services.

Prevailing realities of young people in India show that much more can be done to fully realise their demands and aspirations, particularly with regard to their health and well-being. In India, specific burdens like the availability, accessibility, quality and affordability of information, services and

<sup>1</sup> <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions> Accessed on 02.08.2019

<sup>2</sup> Central Statistics Office. (2017) Youth in India. Ministry of Statistics and Programme Implementation, Government of India: New Delhi. [http://mospi.nic.in/sites/default/files/publication\\_reports/Youth\\_in\\_India-2017.pdf](http://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf) Accessed on 11.10.2019

**It is with this background that the YouthBol Campaign was envisioned – to fill the information gap with credible and relatable voices of adolescents and young people, and to affirm that prioritizing youth voices and youth participation is at the core of establishing youth-friendly services.**

opportunities influence young people's health and well-being. Moreover, poverty and deprivation, maltreatment and neglect, gender based discrimination and bullying and pressures exerted through social media magnify these burdens.

Existing evidence shows that the knowledge of Sexually Transmitted Infections (STIs), Reproductive Tract Infections (RTIs) and contraceptive methods among young people – particularly among girls and women – is low. Data from the National Family Health Survey (2015-16) shows that modern contraceptive usage is low among sexually active unmarried women, with just 16.4% in the 15-19 age group, 20.9% in the 20-24 age group and 44.5% in the 25-49 age group using any such methods. Crucially, only 24.8% of women aged 20-24 years in India have comprehensive knowledge about HIV, compared to 35.3% of men of the same age. Further, majority of men and women in this age range are unable to reject common misconceptions and do not know how to prevent HIV and AIDS. Most young women are also unaware of where to get an HIV test. Further, over 40% girls continue to use unhygienic materials during menstruation. Rates of anaemia are also high for young women and men (aged 15-19) at 54% and 29%, respectively. Worryingly, early marriage remains prevalent – with more than one in four women (aged 20-24) and one in five men (aged 25-29) married before the legal age<sup>3</sup>. Data also shows that Labour Force Participation Rate (LFPR) of younger people in India, particularly women, is low – the LFPR for women aged 15-29 is 16.4%, while for men in the same age group it is 58.8%<sup>4</sup>. This is partly attributable to more young people enrolling in higher education, but the lack of job opportunities that align with young people's aspirations is also a factor, and a pressing cause for concern. Crucially, though, while there is some data on outcomes, information pertaining to young people's health and well-being related demands and aspirations is limited in the public domain.



<sup>3</sup>International Institute for Population Sciences (IIPS) and ICF. (2017) National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

<sup>4</sup>National Sample Survey Office (2019) Periodic Labour Force Survey (PLFS)-2017-18. Ministry of Statistics & Programme Implementation, Government of India



# LISTENING TO 1,10,092 VOICES

•The process

## YOUTH BOL WAS EXECUTED THROUGH A TWO-PRONGED STRATEGY:

- Offline Platform: On-ground data collection from young people between the ages of 10 to 24 using a pen and paper poll format
- Online Platform: Online data collection from young people between the ages of 18 to 24 using a web-based survey form

**Y**oung people's experiences are determined by a complex interplay between their health and nutrition, their education and skills, their access and exposure to the outside world, and their life at home. Given this, any enquiry made of adolescents and young people, such as this campaign, requires careful planning and execution. The survey tool and processes of YouthBol, therefore, had to be mindful of diverse cultural and ethical concerns in order to ensure reliable data collection. The mobilization strategy was developed to ensure that voices from all geographies were represented.

C3 began the campaign with the formation of a Steering Committee, that was youth-led and youth-centred, comprising the following organizations: Agents of Ishq, HAIYYA, Love Matters, USAID-MCSP, the David and Lucile Packard Foundation, The YP Foundation and Centre for Catalyzing Change. The Steering Committee provided support and guidance progressively throughout the campaign.

## CAMPAIGN LIFECYCLE

### Inception

#### Phase 1 (September 2018 to December 2019):

Phase 1 included development of the survey tool, analysis codebook and data collection training manual. The YouthBol survey comprised of one qualitative ask, which young people were to answer – ‘For my physical and mental health and well-being, I want....’ In order to respect the privacy of respondents, identifying information was not collected. The demographic information collected was limited to age, gender, relationship status, highest educational qualification and geographical location. The survey tool was pilot tested by the team, after which extensive revisions were made to the analysis codebook, and a training manual was created to guide mobilization partners/alliance members for on-ground data collection.

For the Online Platform, Phase 1 involved creation of a microsite and web-based survey form to collect the data. A decision was made to limit access to the online poll to young people between the ages of 18 and 24, bearing in mind concerns regarding obtaining parental consent. The social media strategy to publicize online poll was also devised in this period. For the Offline Platform, grassroots partner organizations were identified in each state, their roles were outlined and communicated to them. Intensive trainings were conducted for partners in Delhi, Jharkhand, Assam and Rajasthan, to ensure mindful and accurate data collection. Following the training, each partner organization conducted 100 pilot surveys in their states. Pilot entries from partners were scrutinised and feedback was given, after which data collection commenced in earnest.

### Data collection

**Phase 2 (January to July 2019):** 1,10,092 responses were collected across the length and breadth of India. Grassroots partner organizations visited schools, colleges, Anganwadi Centres and Panchayat Bhawans around the country, to collect responses from a diverse cross-section of young people. In this phase, various young influencers, including student activist and author Gurmehar Kaur, former Miss India and model Hasleen Kaur, model and actor Hazel Keech, singer-composer Zubleee Baruah, actor Sulagna Panigrahi, and blogger Shraddha Gurung amongst others, declared their support for the Campaign, encouraging young people to participate

## OUR MOBILIZERS

YouthBol was accomplished with the support of 31 grassroots partners, who enabled young people from across India to voice their demands.

- ✧ AIESEC
- ✧ ARPAN
- ✧ CHETNA
- ✧ Chetna Vikas
- ✧ Child Survival India
- ✧ Child in Need Institute (CINI)
- ✧ COD-NERC
- ✧ DIYA Foundation
- ✧ EMpower: The Emerging Markets Foundation
- ✧ Gramin Punarnirman Sansthan (GPS)
- ✧ HAD-ANHAD
- ✧ Hidden Pockets
- ✧ Institute for Social Research and Development (ISRD)
- ✧ Muheem - Ek Sarthak Prayas Welfare Society
- ✧ Nehru Yuva Kendra Sangathan
- ✧ OVHA
- ✧ Panaruthan Voluntary Organization (PVO)
- ✧ Pragati
- ✧ Pratigya Vikas Sansthan
- ✧ Prerna
- ✧ ProRural
- ✧ Pukar
- ✧ Restless Development
- ✧ Rupayni
- ✧ SADAN
- ✧ Sahaj
- ✧ Samarpan
- ✧ Sathee
- ✧ SROUT
- ✧ WHIPRO Foundation
- ✧ You We Can Foundation



## STEERING COMMITTEE

- ✧ YouthBol is championed by a youth-centred Steering Committee, which has supported the campaign throughout its lifecycle.
- ✧ Agents of Ishq
- ✧ HAIYYA
- ✧ Love Matters
- ✧ USAID- MCSP
- ✧ The David and Lucile Packard Foundation
- ✧ The YP Foundation
- ✧ Centre for Catalyzing Change

in it. YouthBol also collaborated with Facebook and Twitter to increase the reach of the online poll. Twitter conducted a Tweet Chat, where members of the Steering Committee were participants. An interactive dashboard was also developed to cumulate the responses and expedite the analysis process.

### Data analysis

**Phase 3 (August to October 2019):** Data analysis was completed in this phase, to identify the primary demands of young people, and the domain which received the largest number of asks. Young people's qualitative responses were coded under 80 distinct ask codes in eight different domains: 1) *Health*, 2) *In-School Services*, 3) *Environment, Sanitation, and Hygiene*, 4) *Governance and Accountability*, 5) *Enabling Gender Equity*, 6) *Nutrition*, 7) *Skilling and Jobs*, 8) *Others*. Cross-tabular analysis was also completed to identify highest demands for each age and gender group, and in each geographic location.

### Dissemination

**Phase 4 (October 2019 onwards):** This phase of the campaign is centred around communicating the findings from YouthBol through various channels, in order to ensure that young people's health and well-being demands have an audience at the highest levels of power. Our strategies include:

- State-level dissemination, which will be facilitated by providing dissemination kits including state-wise findings and action agendas, to local partners.
- Based on the Campaign findings, we may devise follow-up campaigns on specific issues emerging from these findings.
- We also plan to conduct more in-depth qualitative research on emerging issues.
- The asks will also be amplified to reach government, leaders, development partners and other stakeholders to respond positively to what young people have asked for.
- Sharing Campaign findings with civil society organizations and youth organizations for incorporation of the learnings into their youth programming.

# THE FINDINGS

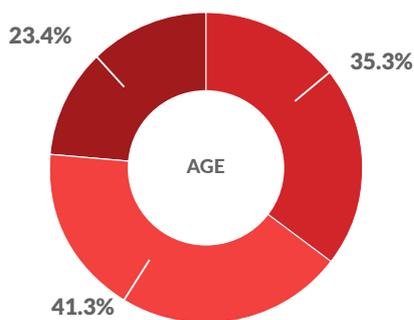
## • Who Did We Hear From?

1,10,092 adolescents and young people, between the ages of 10 and 24, participated in YouthBol, raising their primary demands regarding their health and well-being.

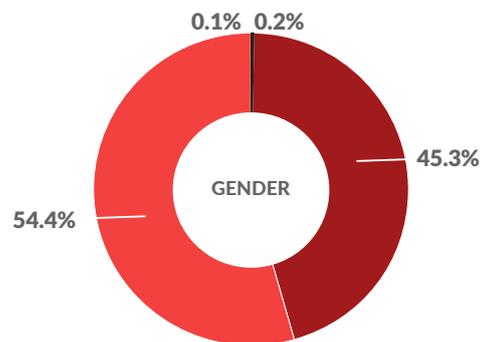
### DEMOGRAPHIC REPRESENTATION IN YOUTHBOL

The majority of YouthBol's respondents were adolescent girls and young women (54.4%), single or unmarried (91.1%), and between the ages of 15 and 19 (41.3%). The highest educational qualification

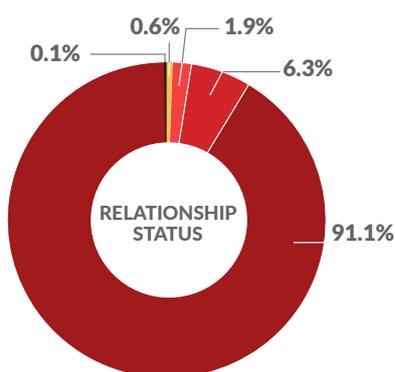
completed by most respondents was Secondary (classes 9-10) and Upper Primary (classes 6-8) school. A priority of this campaign was to reach underrepresented groups, particularly pre- and early adolescents between the ages of 10 and 14 years, and transgender young people. These groups are historically ignored from large surveys, and thus, not much data is available on their perspectives and needs. As such, 35% of YouthBol's respondents were between the ages on 10 and 14, and we were able to obtain the perspectives of 138 transgender youth.



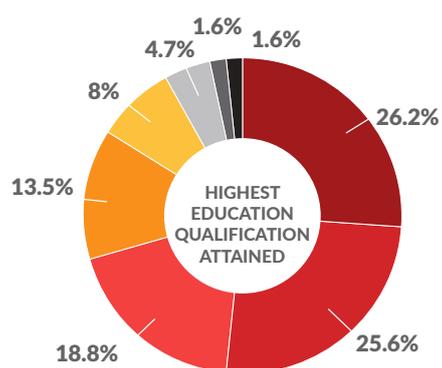
■ 10-14 years ■ 15-19 years ■ 19-24 years



■ Female ■ Male ■ Prefer not to say ■ Transgender



■ Single ■ Married ■ In relationship ■ Divorced/Separated ■ Prefer not to say

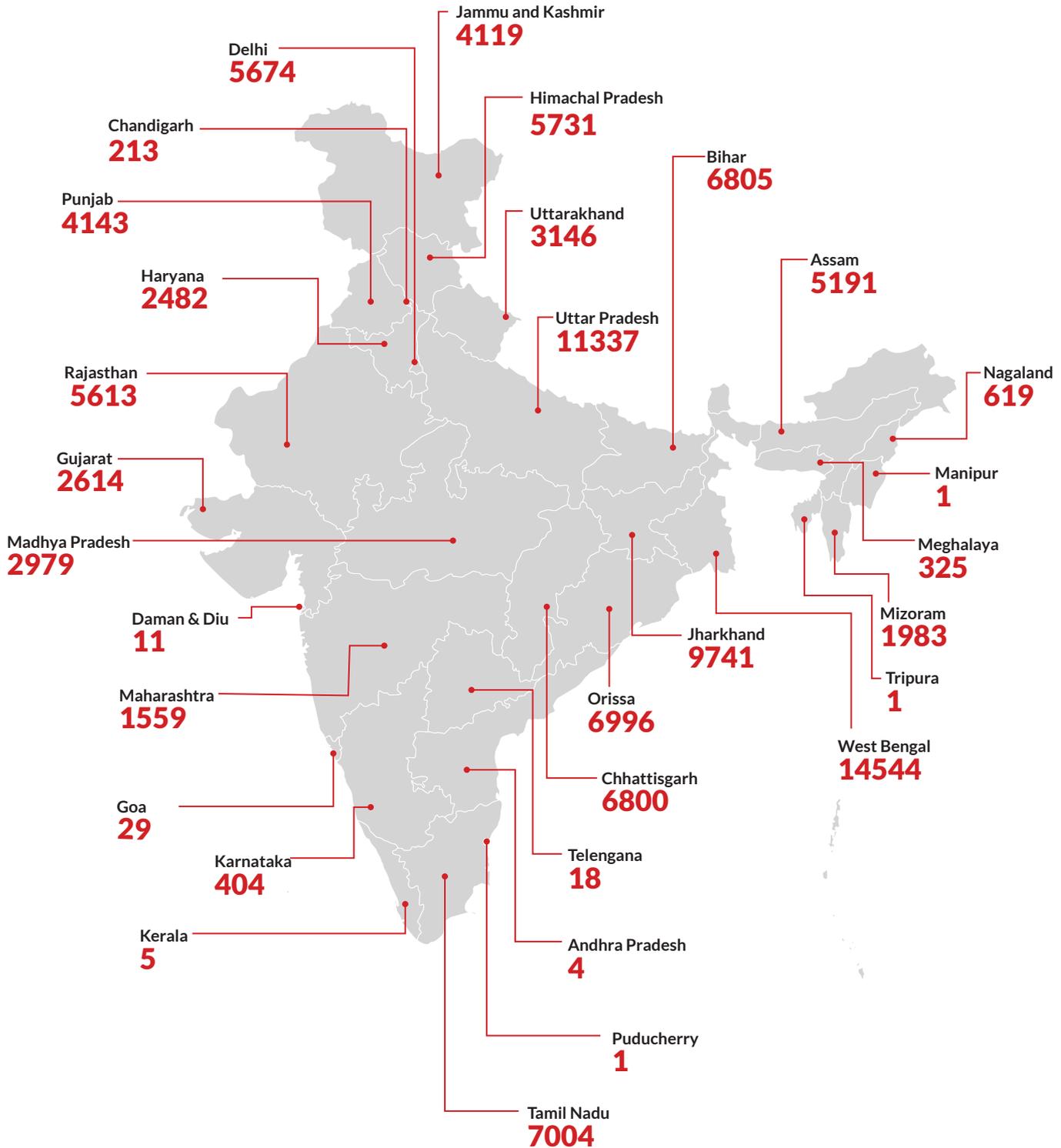


■ Secondary (Classes 9-10) ■ Upper Primary (Classes 6-8) ■ Higher secondary (Classes 11-12) ■ Graduation ■ Diploma ■ Primary (Classes 1-5) ■ Post Graduation ■ Never went to school

## GEOGRAPHIC SPREAD OF YOUTHBOL

YouthBol's reach was pan-India – the campaign covered 27 States and 4 Union Territories of the country. The majority of responses were from West

Bengal, Uttar Pradesh, Jharkhand, Tamil Nadu, Odisha, Bihar, Chhattisgarh, Himachal Pradesh, Delhi, Rajasthan, Assam, Punjab and Jammu & Kashmir.



Source: <https://www.mapsofindia.com/maps/india/outlinemapofindia.htm>, accessed on 20th October 2019

# THE FINDINGS

## • What do youth want?



**Y**outhBol set out to understand the primary health and well-being needs and aspirations of a diverse cross-section of adolescents and young people across India. These respondents were asked to freely put forward their views, and thus, determine their own agendas. Given this, it is unsurprising to find that young people's demands reflect their diverse realities.

The Campaign analysis framework began with 56 distinct codes related to health and well-being; however, young people's responses took us beyond that. New categories were created as each of the 1,10,092 qualitative asks were assessed, while certain categories were combined based on the volume of answers. In all, young people's responses were coded by the YouthBol team into 80 distinct demands, under eight different domains: 1) Health, 2) In-School Services, 3) Environment, Sanitation, and Hygiene, 4) Governance and Accountability, 5) Enabling Gender Equity, 6) Nutrition, 7) Skilling and Jobs, 8) Others.

### THE PRIORITIES

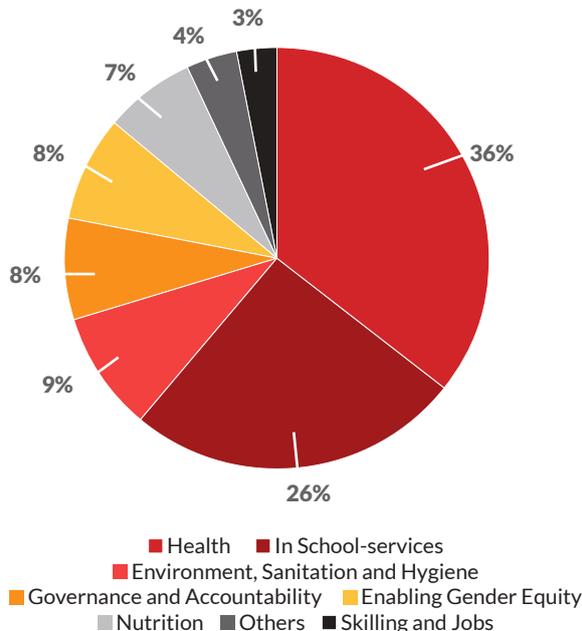
#### HEALTH

A crucial insight from YouthBol is the understanding that adolescents and young people have a broader understanding of health, which goes beyond illness, disease, and treatment. Health and well-being are associated by the youth within the larger context of enabling factors like education, job opportunities, environment, and socio-economic conditions of individuals. As such, while Health emerged as the domain with the largest share of asks, demands that were beyond the traditional scope of health also occupy a sizeable proportion of YouthBol

responses. Health is followed by In-School Services, Environment, Sanitation, and Hygiene, Governance and Accountability, Enabling Gender Equity, Nutrition, and lastly, Skilling and Jobs (see Figure 1).

Almost 40,000 young people demanded improved **Health information and services**, representing 36% of the Campaign asks. Within this, information and services related to **Sexual and Reproductive Health and Rights** emerged as a key priority for adolescents and young people. The National Family Health Survey (2015-16) found that more than 40% of young girls were using unhygienic methods during menstruation<sup>5</sup>. Clearly, this is a vital

YOUTHBOL RESPONSES BY DOMAIN



“There is a family planning and reproduction system chapter in the 12th class zoology book. Teachers are not teaching that.”

Female, 17, Tamil Nadu

“We need awareness campaigns on human trafficking and information on sexual health.”

Female, 14, Mizoram

concern for adolescent girls and young women, and is echoed in YouthBol as well. Respondents demand better information and techniques on managing menstrual pain, and the increased availability of menstrual pain management medication, and free access to the same in schools and village health centres. Many young people also expressed the concern that adults should recognize the existence of menstrual pain and be more empathetic to those experiencing it. Given this, creating a national initiative addressing concerns around menstrual hygiene and menstrual pain management is crucial. Young people have also demanded better information on sex and sexuality, information and services on HIV, Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs), and information on and access to contraceptive methods and Family Planning services. Given the low levels of contraceptive usage among young people, and limited knowledge regarding sexually transmitted



diseases and infections<sup>6</sup>, a national program for adolescents, which incorporates comprehensive adolescent education including sexual and reproductive health, is the need of the hour.

“Mere dost ke bag mein whitener aur Vicks rehta hai. Kis se shikayat karoon?”

“There is whitener and Vicks in my friend’s bag. Who can I complain about this to?”

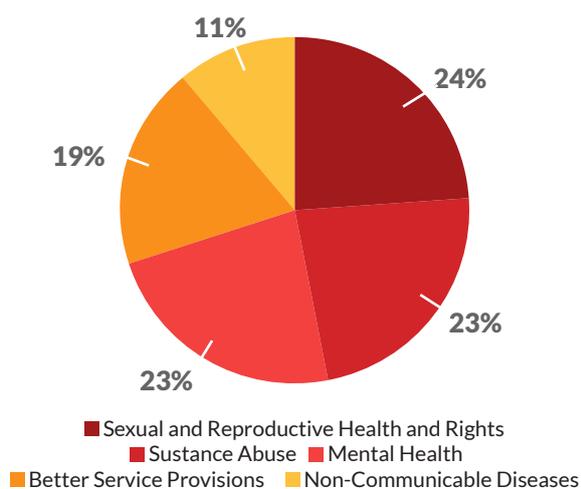
Male, 13, Uttarakhand

“We need solutions to quit chewing tobacco.”

Female, 16, Gujarat

The demand for better information and services around **Substance Abuse** also emerged as a key theme under health. Young people want increased awareness about the harmful effects of banned substances. In addition to information about traditional substances like alcohol, tobacco and drugs, young people also want greater awareness on the misuse of unconventional items like paint thinners, correction fluid (whiteners) and Vicks (mentholated topical ointment). Further, limiting the presence of alcohol and tobacco vendors near schools and colleges also emerged as a key ask. As such, this issue can be seen as not only a reflection of what young people are dealing with in their

### THEMES PRIORITISED UNDER HEALTH



<sup>5</sup> International Institute for Population Sciences (IIPS) and ICF. (2017) National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

<sup>6</sup> Data from NFHS - 4 shows that only 24.8% of women aged 20-24 years in India have comprehensive knowledge about HIV, compared to 35.3% of men of the same age. Further, just 16.4% girls in the 15-19 age group and 20.9% women in the 20-24 age group use any modern contraceptive method.



households and communities, but also something that is affecting them and their peers personally. YouthBol respondents also highlighted demands for an adolescent helpline for substance abuse issues, and greater access to good quality, free de-addiction rehabilitation services to be available in every state. Given that the WHO estimates that most premature deaths among adults can be associated with behaviours like substance misuse that begin or occur during adolescence<sup>7</sup>, providing young people with greater information on the impact of these substances, as well as ensuring quality rehabilitation services, is imperative.

The third significant focus that emerged was on the issue of stress – the youth suffer from a lot of stress, and **Mental Health**-related information and services came out as a priority theme along with the need to end stigma around mental health. Young people want information on how to cope with academic pressure and stress, peer-pressure, and bullying. Young people spoke about experiencing issues around depression, anxiety, eating disorders

**“I have a very dark complexion. My future is a question mark because of that.”**

Female, 21, Tamil Nadu

**“Mental harassment by ‘general’ (category) people in school causes depression.”**

Transgender, 17, Gujarat

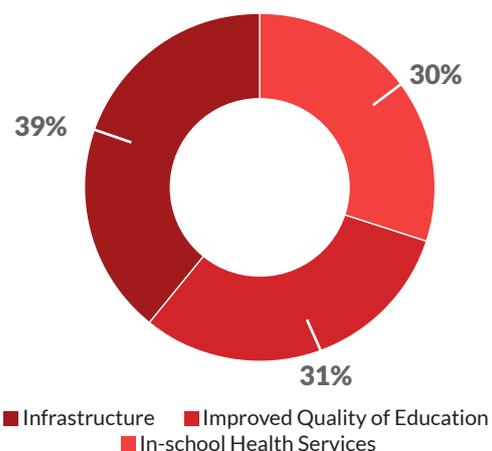
and learning disabilities. They also want better access to non-judgemental, confidential, and affordable mental health services and care.

The health domain also included demands around **Better Service Provisions** and access to information related to **Non-Communicable Diseases (NCDs)**. For the former, young people prioritized the need to end informal payments or bribes to access health services. Additionally, the presence of an adolescent health-focused helpline, safe spaces to discuss adolescent health issues, and counsellors at Adolescent-Friendly Health Clinics is important to them. With respect to NCDs, adolescents and young people want better information on the importance of physical activity and exercise.

### IN-SCHOOL SERVICES

The youth want their schools and colleges to give them information and support: **With more than 28,000 responses**, the demand for better and comprehensive **In-School Services** emerges as the second highest domain. Almost 12,000 responses within this domain asked for better **Infrastructure** within schools. Young people who spend much of their time in school want them to be better equipped with functioning computers, libraries, and canteens that serve healthy and nutritious food. The demand for playgrounds and open spaces to exercise and the presence of coaches and sports equipment also emerged as crucial determinants of health for them. Access to clean toilets in school is also a key ask, underscored by more than 4,000 respondents, as crucial to maintain their health and well-being.

### THEMES PRIORITISED UNDER IN-SCHOOL SERVICES



<sup>7</sup> <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions> Accessed on 15.10.2019

*“Shoptahey dui baar library giye golper boi portey parley bhalo hoto.”*

**“It would be nice to be allowed to read story books in the library twice in a week.”**

13, West Bengal

*“Ama mahabidyalayarey pratyak masa ra abhibhabak baithaka haba darker.”*

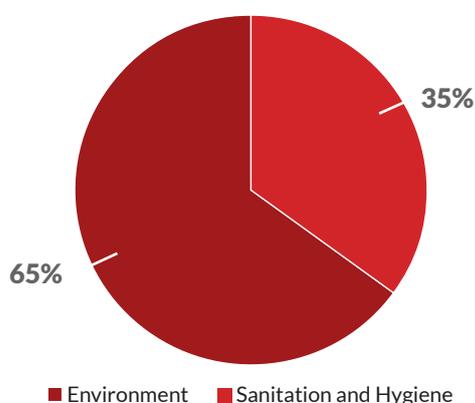
**“Our college should organise parents meetings every month.”**

22, Odisha

As mentioned previously, the findings of YouthBol highlight the holistic view young people have of their health and well-being. Given this, access to **Better Quality Education** emerges as a key demand as an essential factor to improve health and well-being. Young people want better teachers and counsellors, access to extra-curricular activities, and information on life skills, like decision-making, problem solving, conflict resolution, creative thinking, and effective communication to be a part of their curriculum.

Another interesting finding from the Campaign is that adolescents and young people have also prioritized the presence of certain key **Health Services at Schools and Colleges**. These include regular health check-ups in schools, access to nurses, doctors and counsellors, availability of iron and folic acid and deworming medicines, and information on conception, reproduction and pregnancy. Interestingly, many young people want their parents and teachers to attend trainings or workshops on reproductive health at schools.

#### THEMES PRIORITISED UNDER ENVIRONMENT, SANITATION AND HYGIENE



**“We want a playground in our school”**

Male, 14, Haryana

**“Our school should have a good computer lab where students can have access to the latest technological knowledge.”**

Female, 15, Jammu and Kashmir

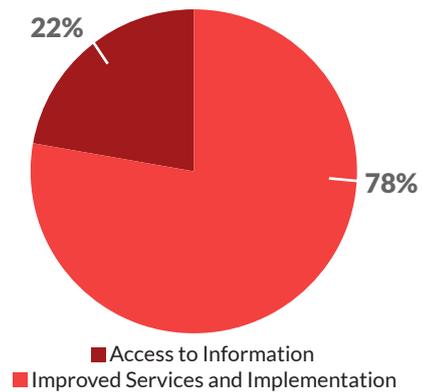
#### ENVIRONMENT, SANITATION AND HYGIENE

Environment and hygiene are priorities for the young: With close to 10,000 asks, **Environment, Sanitation and Hygiene** emerged as the third highest domain. The WHO estimates infectious diseases, such as diarrhoea and lower respiratory tract infections, are among the top 10 causes of death for 10-19 year olds.<sup>8</sup> A cleaner **Environment**, with guaranteed access to clean and safe air and water, is vital to address the root cause of such infections, and more than 65% respondents under the Environment, Sanitation and Hygiene domain have voiced this as their primary need. Additionally, given the challenge of climate change and the declining quality of air and water in Indian cities, it is unsurprising that several young people find this to be their chief health priority. Young people believe that imposing heavier fines on those who pollute will be able to tackle the high levels of pollution in their communities. The demand for better **Sanitation and Hygiene**, particularly proper municipal garbage disposal facilities, is also important to adolescents and young people.

<sup>8</sup> <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions> Accessed on 15.10.2019

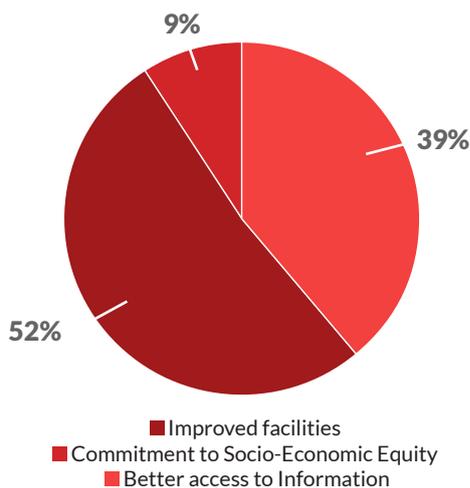


### THEMES PRIORITISED UNDER ENABLING GENDER EQUITY



**Economic Equity**, by designing and implementing programs that address poverty, deprivation, and caste-based discrimination.

### THEMES PRIORITISED UNDER GOVERNANCE AND ACCOUNTABILITY



#### GOVERNANCE AND ACCOUNTABILITY

For more than 8,500 adolescents and young people, improved **Governance and Accountability** is essential for their health and well-being. Respondents highlight the need for improved facilities and infrastructure like roads, electricity supply, transport facilities, functioning health centres, and Anganwadi centres. Many also prioritize better policing in communities. Young people also want **Better Access to Information** around adolescent and youth programs, and on their entitlements and rights. Further, they also want the government to maintain its **Commitment to Socio-**

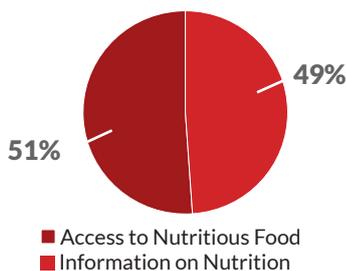
#### ENABLING GENDER EQUITY

Young people want a **more Gender Equal World** – 8,400 YouthBol responses are centred on **Ensuring Gender Equity** as a means to improve health and well-being. Within this domain, **Access to Information** on gender, gender based discrimination, gender identity and sexual orientation emerged as key demands. Further, access to information to prevent violence, harassment, child abuse, child labour and sexual violence is also a major demand put forth by young people. The need for **Improved Services and Implementation** is important to ensure gender equity. Availability and access to services to deal with violence and harassment, comprehensive programs that prevent child marriage and dowry, and schemes that specifically work to empower women are some of the key demands within this theme.

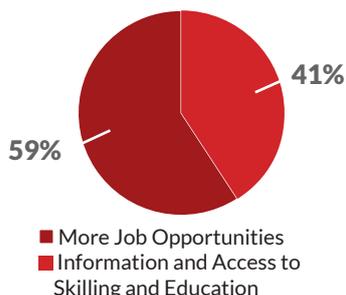
#### NUTRITION

Young people want nutritious food. The remaining responses of YouthBol are focused on Nutrition, Skilling and Jobs, and a collection of diverse asks categorized as 'Others'. Within the 7,400 asks under **Nutrition, easy Access to Nutritious Food** is a vital need for several adolescents and young people. There was a high demand for improved institutional delivery of food, especially through the mid-day meal scheme and at Anganwadi centres. Young people also asked that the mid day meal in school should be extended to class XII. Adolescents also emphasized including locally available and seasonal fruits in mid-day meals. It is promising that the National Nutrition

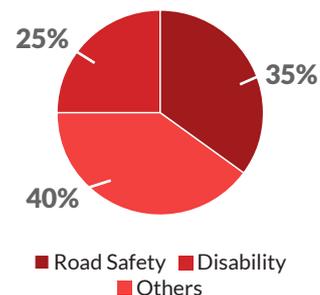
### THEMES PRIORITISED UNDER NUTRITION



### THEMES PRIORITISED UNDER SKILLING AND JOBS



### THEMES PRIORITISED UNDER OTHERS



**“We need RO plant facility and good arrangement of mid-day meals at schools.”**

Transgender, 11, Gujarat

**“Hamein khaane ke saath roti aur fruit milna chahiye. / We should get a roti and fruits with our meals.”**

Male, 11, Chhattisgarh

**“Sometimes I'm eating more than what I should. How can I stop eating like that?”**

Female, 24, Tamil Nadu

Strategy acknowledges that proper nutrition is the most effective entry point for human development, poverty reduction, and economic development with high economic return.<sup>9</sup> As such, prioritizing the needs of adolescents and young people under the National Nutrition Mission will be a crucial step to achieve the mission’s goals by 2022.

### SKILLING AND JOBS

Under **Skilling and Jobs, More Job Opportunities, and Information and Access to Skilling** are key demands voiced through YouthBol. Within **Others**, **Information on Road Safety** and better **Information and Services for all Types of Disabilities** are standout themes which adolescents and young people have prioritized.

### HOW ARE YOUNG PEOPLE'S HEALTH AND WELL-BEING NEEDS INFLUENCED BY THEIR AGE AND GENDER?

While the top priorities remain largely consistent for young people regardless of the demographic background, the responses of YouthBol have thrown up some interesting patterns that require further attention and exploration.

Young people’s priorities change with age. For the youngest age group, those between the ages of 10 and 14 years, the highest demands are all under the In-School domain. Given that young people of this age spend most of their time at school, their demand for an improvement in this area should not come as a surprise. While infrastructure improvements in-school remain a priority for adolescents between 15 and 19 years, their key demands expand to include substance misuse and mental health related concerns. For the oldest age group – young people between the ages of 20 and 24 years – access to information and services around sexual and reproductive health and rights are the highest priority. As such, it is evident that young people’s health and well-being priorities shift as they become older and complete important life milestones, emphasizing the need to address their diverse needs across their lifecycle.

**“Only boys play in my school. Girls have no access to any sports equipment. The only ball in school is for boys only.”**

Female, 14, Rajasthan

Gender identity also affects young people’s health and well-being needs. While both male and female respondents prioritize the improvement of in-school services, their top health asks are different. For young boys, substance abuse related asks are highest, whereas for girls, it is sexual and reproductive health and rights. Importantly, asks from transgender young people are distinct from those who identify as male or female. For transgender respondents, mental health and enabling gender equity are the highest priorities, highlighting their lived experiences and the need to provide specialized information and safe spaces for them to thrive.

<sup>9</sup>NITI Aayog (2017) Nourishing India, National Nutrition Strategy. Government of India. [https://niti.gov.in/writereaddata/files/document\\_publication/Nutrition\\_Strategy\\_Booklet.pdf](https://niti.gov.in/writereaddata/files/document_publication/Nutrition_Strategy_Booklet.pdf) Accessed on 16.10.2019

# THE CHARTER OF THE YOUNG

## What We Want

### WE

want access to comprehensive information and youth friendly services in schools and community. We want accurate and accessible information and services on sexual and reproductive health, puberty and growing up, better menstrual management (includes both hygiene and pain), HIV and AIDS, RTIs and STIs and information and access to contraceptive methods and family planning services.

### WE

want access to information on addiction and substance misuse; dedicated and subsidized de-addiction and rehabilitation centres in every state. We want enforcement of complete ban on the sale of any kind of drugs, alcohol or tobacco near schools and colleges. We also want a toll-free helpline number for adolescents to seek information, assistance and counselling on substance misuse.

### WE

want an end to stigma around mental health and access to non-judgmental, confidential, affordable mental health care to cope with stress, pressure of studies, bullying, depression and anxiety.

### WE

want better quality of education, teachers and counsellors. We want to have life skills education in our curriculum. We want improved access in our schools and colleges to computers, libraries, transportation, playgrounds, sporting equipment and sports coaches. We want clean and functional toilets in our schools.

### WE

want clean air and water, better hygiene and sanitation in communities, schools and hospitals.

### WE

want more nutritious food. We also want that mid-day meals to be extended to all students up to grade 12th and healthy food be made mandatory in school and college canteens.

### WE

want an end to discrimination and all forms of violence based on gender (especially women and girls and transgender people) and sexual orientation. We want access to information on our rights and entitlements as well as proper redressal mechanisms.

# ANNEXURE

## YouthBol Findings by Gender

MALE		
DOMAIN	THEME	NUMBER
In-School Services	Infrastructure	5443
Health	Substance Abuse	4783
In-School Services	Improved Quality of Education	4097
Health	Mental Health	3989
In-School Services	In-school health services	3561
Health	Better Service Provisions	3235
Health	Sexual and Reproductive Health and Rights	3224
Environment, Sanitation and Hygiene	Environment	3009
Enabling Gender Equity	Access to Information	2444
Health	Non-Communicable Diseases	2319
Governance and Accountability	Improved Facilities	1998

MALE		
DOMAIN	THEME	NUMBER
Nutrition	Access to Nutritious Food	1772
Nutrition	Information on Nutrition	1658
Governance and Accountability	Better Access to Information	1467
Environment, Sanitation and Hygiene	Sanitation and Hygiene	1447
Skilling and Jobs	More Job Opportunities	1225
Others	Others	1075
Others	Road Safety	843
Skilling and Jobs	Information and Access to Skilling and Education	744
Others	Disability	571
Enabling Gender Equity	Improved Services and Implementation	533
Governance and Accountability	Commitment to Socio-Economic Equity	397

FEMALE		
DOMAIN	THEME	NUMBER
Health	Sexual and Reproductive Health and Rights	6129
In-School Services	Infrastructure	5668
In-School Services	In-school health services	5009
Health	Mental Health	4943
In-School Services	Improved Quality of Education	4516
Health	Substance Abuse	4342
Health	Better Service Provisions	4289
Enabling Gender Equity	Access to Information	4078
Environment, Sanitation and Hygiene	Environment	3256
Governance and Accountability	Improved Facilities	2488
Nutrition	Access to Nutritious Food	2020

FEMALE		
DOMAIN	THEME	NUMBER
Health	Non-Communicable Diseases	1928
Environment, Sanitation and Hygiene	Sanitation and Hygiene	1922
Nutrition	Information on Nutrition	1917
Governance and Accountability	Better Access to Information	1904
Enabling Gender Equity	Improved Services and Implementation	1295
Skilling and Jobs	More Job Opportunities	862
Others	Others	824
Others	Road Safety	800
Skilling and Jobs	Information and Access to Skilling and Education	733
Others	Disability	604
Governance and Accountability	Commitment to Socio-Economic Equity	387



## YouthBol Findings by Gender

TRANSGENDER		
DOMAIN	THEME	NUMBER
Health	Mental Health	26
Enabling Gender Equity	Access to Information	26
Health	Better Service Provisions	11
Health	Sexual and Reproductive Health and Rights	9
In-School Services	Improved Quality of Education	9
In-School Services	Infrastructure	8
Governance and Accountability	Better Access to Information	7
Health	Substance Abuse	6
Health	Non-Communicable Diseases	6
In-School Services	In-school health services	5
Nutrition	Information on Nutrition	4

TRANSGENDER		
DOMAIN	THEME	NUMBER
Enabling Gender Equity	Improved Services and Implementation	4
Environment, Sanitation and Hygiene	Sanitation and Hygiene	3
Skilling and Jobs	More Job Opportunities	3
Environment, Sanitation and Hygiene	Environment	2
Governance and Accountability	Improved Facilities	2
Others	Disability	2
Nutrition	Access to Nutritious Food	1
Others	OTHERS	1
Others	Road Safety	1
Skilling and Jobs	Information and Access to Skilling and Education	1
Governance and Accountability	Commitment to Socio-Economic Equity	1



PREFER NOT TO SAY		
DOMAIN	THEME	NUMBER
Health	Substance Abuse	30
Health	Mental Health	19
Health	Better Service Provisions	19
Enabling Gender Equity	Access to Information	16
Nutrition	Access to Nutritious Food	15
In-School Services	Infrastructure	13
Nutrition	Information on Nutrition	13
Governance and Accountability	Improved Facilities	13
In-School Services	Improved Quality of Education	12
Health	Sexual and Reproductive Health and Rights	10
In-School Services	In-school health services	10

PREFER NOT TO SAY		
DOMAIN	THEME	NUMBER
Governance and Accountability	Better Access to Information	8
Environment, Sanitation and Hygiene	Environment	8
Environment, Sanitation and Hygiene	Sanitation and Hygiene	7
Health	Non-Communicable Diseases	5
Enabling Gender Equity	Improved Services and Implementation	4
Others	Road Safety	3
Skilling and Jobs	More Job Opportunities	1
Others	Disability	0
Others	Others	0
Skilling and Jobs	Information and Access to Skilling and Education	0
Governance and Accountability	Commitment to Socio-Economic Equity	0



## YouthBol Findings by Age

10-14 Years			10-14 Years		
DOMAIN	THEME	NUMBER	DOMAIN	THEME	NUMBER
In-School Services	Infrastructure	5348	Governance and Accountability	Improved Facilities	1542
In-School Services	Improved Quality of Education	3454	Environment, Sanitation and Hygiene	Sanitation and Hygiene	1398
In-School Services	In-school health services	3195	Nutrition	Information on Nutrition	1350
Health	Substance Abuse	2989	Others	Others	855
Health	Mental Health	2669	Governance and Accountability	Better Access to Information	804
Environment, Sanitation and Hygiene	Environment	2628	Others	Road Safety	625
Health	Better Service Provisions	2143	Skilling and Jobs	Information and Access to Skilling and Education	559
Enabling Gender Equity	Access to Information	2131	Skilling and Jobs	More Job Opportunities	513
Health	Sexual and Reproductive Health and Rights	2030	Enabling Gender Equity	Improved Services and Implementation	495
Health	Non-Communicable Diseases	1811	Others	Disability	439
Nutrition	Access to Nutritious Food	1719	Governance and Accountability	Commitment to Socio-Economic Equity	206



15-19 Years		
DOMAIN	THEME	NUMBER
In-School Services	Infrastructure	4392
Health	Substance Abuse	4094
Health	Mental Health	4066
Health	Sexual and Reproductive Health and Rights	3997
In-School Services	Improved Quality of Education	3529
In-School Services	In-school health services	3445
Health	Better Service Provisions	3224
Enabling Gender Equity	Access to Information	2606
Environment, Sanitation and Hygiene	Environment	2518
Governance and Accountability	Improved Facilities	1956
Health	Non-Communicable Diseases	1597

15-19 Years		
DOMAINS	THEME	NUMBER
Nutrition	Information on Nutrition	1568
Governance and Accountability	Better Access to Information	1550
Environment, Sanitation and Hygiene	Sanitation and Hygiene	1403
Nutrition	Access to Nutritious Food	1318
Enabling Gender Equity	Improved Services and Implementation	807
Skilling and Jobs	More Job Opportunities	774
Others	Road Safety	637
Skilling and Jobs	Information and Access to Skilling and Education	626
Others	Others	596
Others	Disability	460
Governance and Accountability	Commitment to Socio-Economic Equity	311

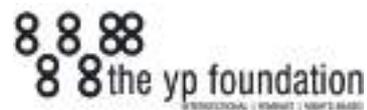
## YouthBol Findings by Age

20-24 Years		
DOMAIN	THEME	NUMBER
Health	Sexual and Reproductive Health and Rights	3345
Health	Mental Health	2242
Health	Better Service Provisions	2187
Health	Substance Abuse	2078
In-School Services	In-school health services	1945
Enabling Gender Equity	Access to Information	1827
In-School Services	Improved Quality of Education	1651
In-School Services	Infrastructure	1392
Environment, Sanitation and Hygiene	Environment	1129
Governance and Accountability	Better Access to Information	1032
Governance and Accountability	Improved Facilities	1003

20-24 Years		
DOMAIN	THEME	NUMBER
Health	Non-Communicable Diseases	850
Skilling and Jobs	More Job Opportunities	804
Nutrition	Access to Nutritious Food	771
Nutrition	Information on Nutrition	674
Environment, Sanitation and Hygiene	Sanitation and Hygiene	578
Enabling Gender Equity	Improved Services and Implementation	534
Others	Others	449
Others	Road Safety	385
Skilling and Jobs	Information and Access to Skilling and Education	293
Others	Disability	278
Governance and Accountability	Commitment to Socio-Economic Equity	268

# YOUTHBOL STEERING COMMITTEE

A campaign  
committed to making #YouthVoicesCount



Our Special thanks to





# WE ARE C3



We are a committed organization working in India to make sure no woman or girl is denied her basic rights. We design and implement interventions that work with the existing systems to deliver solutions at scale. Our work is with and through the value chains of large platforms - for example the education and health delivery systems. With our support, women and girls learn to meet the challenges of each life stage and negotiate crucial wins. Our work has created lasting change for millions of women and girls in India. Four inter-related verticals at C3 work together to make this happen:

- ✂ Gender equity and governance
- ✂ Girls' education and youth development
- ✂ Reproductive health and rights
- ✂ Small grants

We are one of the first organizations in the country to work on adolescent health. We began our investment in youth in India in 1987 with the launch of the Better Life Options Program to help adolescent girls make better life choices around education, rights, sexual and reproductive health, nutrition, hygiene and civic responsibility. Our goal is to enable adolescent girls and boys to stay in school, avoid child and early marriage, promote gender equity, and reduce their vulnerability to exploitation and violence. Our work with adolescent children increases opportunities for safer, healthier, more meaningful and fulfilling lives. The programs are delivered through a cadre of facilitators/mobilisers who are trained by the C3 team.



YOUTHBOL; A CAMPAIGN BY



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