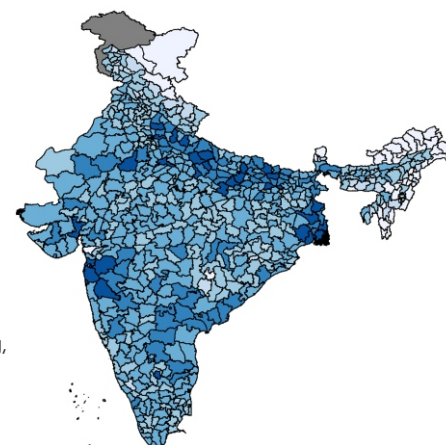


## DEMOGRAPHICS



## SIZE OF ADOLESCENT POPULATION IN '000 (NO. OF DISTRICTS)

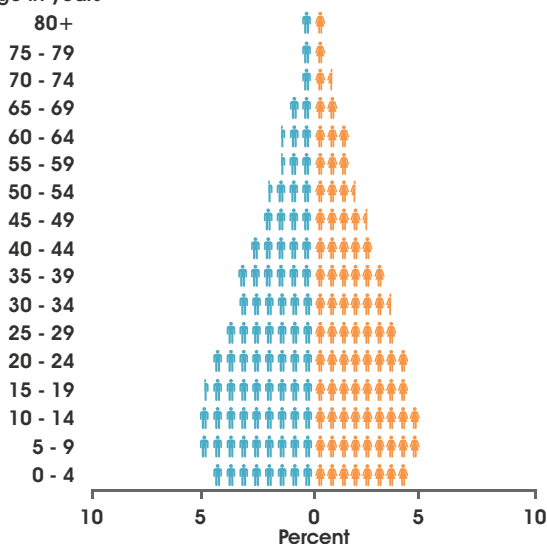
<50 (56)
50-99 (37)
100-299 (197)
300-699 (248)
700-999 (72)
1000+ (30)
NO DATA



Most of the country's population is young, with variation in the number of adolescents by state.

Total Population: **121 Crore**  
 Total Adolescent (10-19 years) Population: **25 Crore**  
 Adolescent Population Density: **80 per sq. km.**  
 Number of Adolescents in Rural Areas: **18 Crore**  
 Number of Adolescents in SC/ST Households: **7 Crore**  
 Adolescent Sex Ratio: **898 girls per 1000 boys**

## Age in years

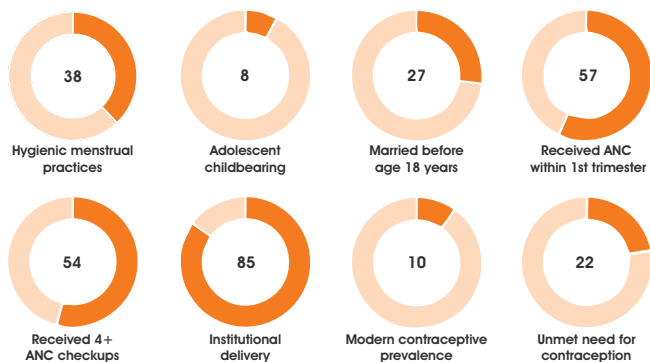


## EQUITY IN SELECTED HEALTH & DEVELOPMENT INDICATORS (%)

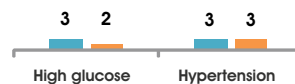
	Child marriage (F)	Poor nutrition (F)	Menstrual hygiene (F)	NCDs (C)	Substance use (C)
<b>Place of residence</b>					
Urban	18	73	58	5	10
Rural	31	74	29	6	12
<b>Wealth</b>					
Richest	9	71	70	5	6
Poorest	45	76	12	6	17
<b>Education</b>					
Primary/No education	48	75	12	6	22
8+ years education	17	73	43	5	9
<b>Caste</b>					
General	21	72	47	5	9
Scheduled castes/tribes	30	76	32	5	15

Note: F – Adolescent females only; C – Combined adolescent males and females; Child Marriage – Married women aged 20-24 years who were married before age 18 years; Poor nutrition – Underweight or anaemia or overweight among 15-19 years; NCDs – Non-communicable diseases among adolescents aged 15-19 years (high glucose levels, hypertension); Substance use – Alcohol or tobacco use among 15-19 years; n/a – Not applicable.

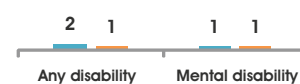
## SEXUAL & REPRODUCTIVE HEALTH (%)



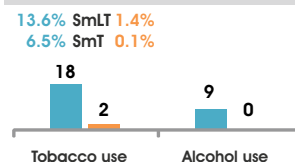
## NCDs (%)



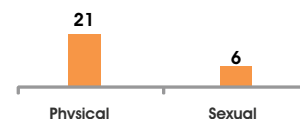
## DISABILITY (%)



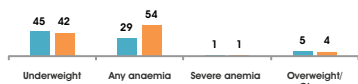
## SUBSTANCE USE (%)



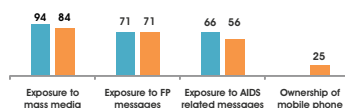
## VIOLENCE (%)



## NUTRITION (%)



## PROGRAM EXPOSURE (%)



## ADOLESCENTS WITH NO/SINGLE PARENT

Percent and estimated no. of adolescents (10-17 years)	Girls (%) number	Boys (%) number
With single parent	(6.9) 66,84,890	(6.9) 74,19,982
With no living parent	(0.5) 4,84,412	(0.5) 5,37,680

## LEGEND



# HIGHLIGHTS

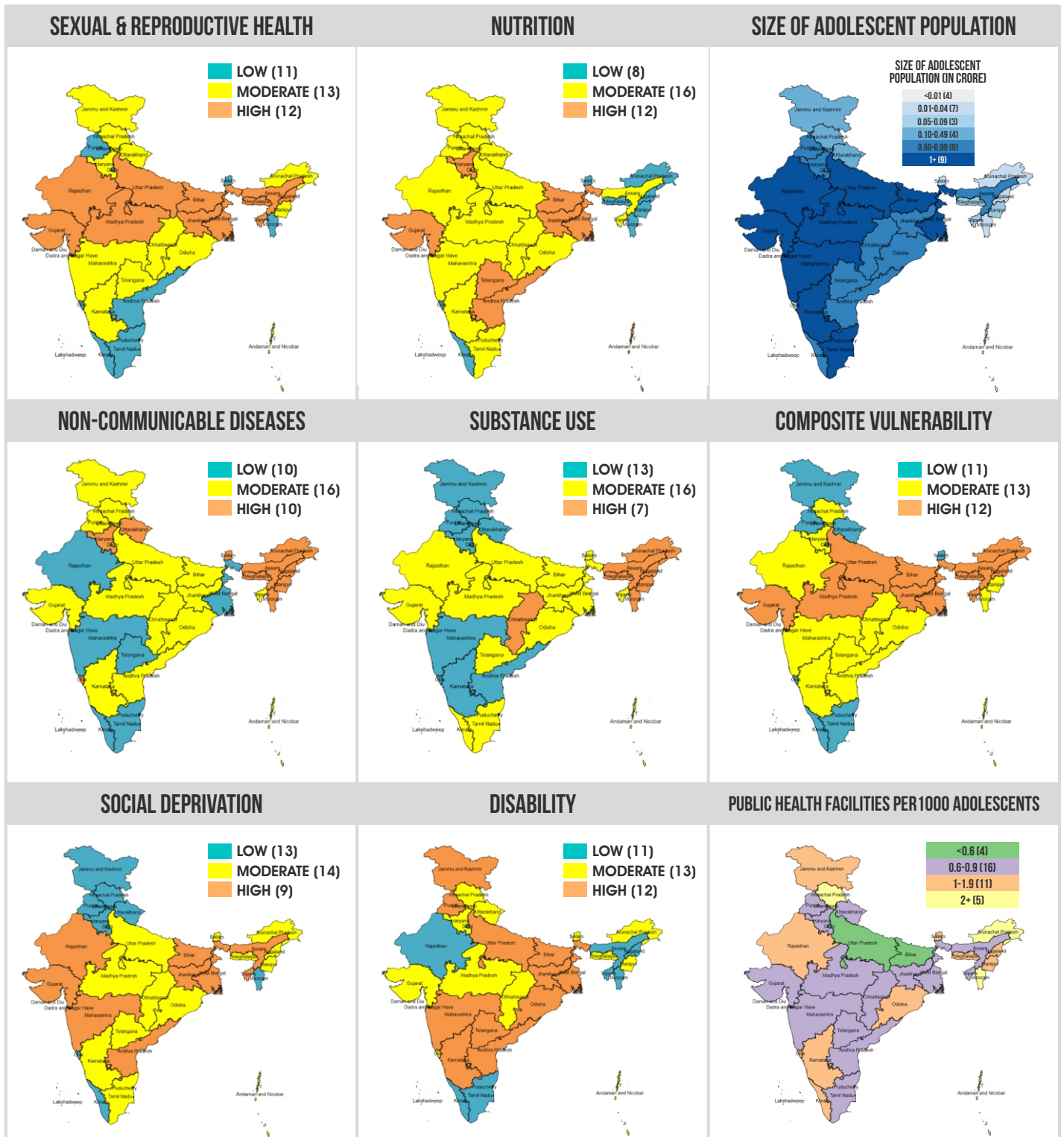
- Adolescents in nine out of 36 states/UTs are highly socially deprived.
- A stronger adolescent health programme is needed in Bihar, Uttar Pradesh, Madhya Pradesh, Gujarat, Jharkhand, West Bengal and North-Eastern states.
- About 1.5 crore adolescents in India are living with a single parent or without a parent.
- About two out of 10 adolescent boys consume tobacco products and one out of 10 consume alcohol.
- Over 40% adolescents in the country are malnourished.
- Menstrual hygiene is very poor among adolescent girls from poor families, especially if the girls are uneducated or poorly educated.
- Districts in central India are the most vulnerable.

LOW VULNERABILITY

MODERATE VULNERABILITY

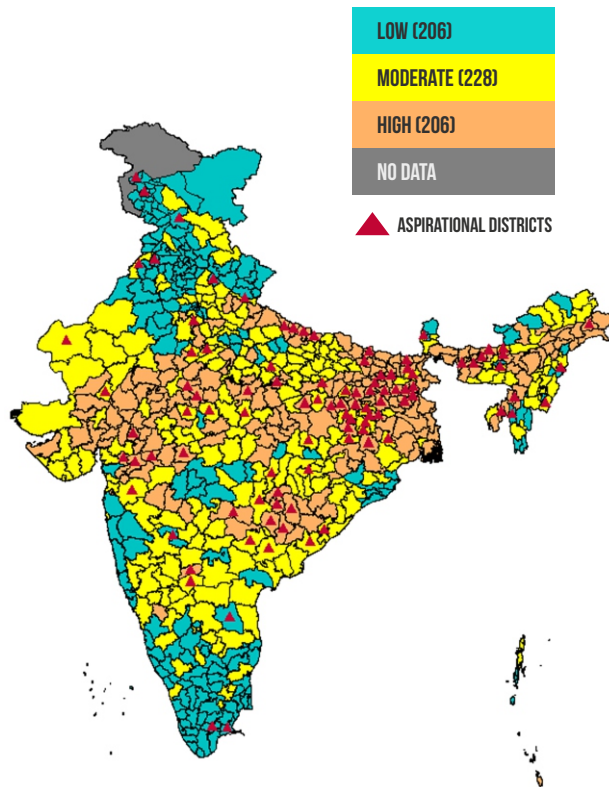
HIGH VULNERABILITY

## DEGREE OF VULNERABILITY



Note: Data sources for calculating vulnerability indices: Census 2011 for disability; NFHS 2015-16 for all other domain vulnerabilities; and HMIS (2017) for the number of health facilities.

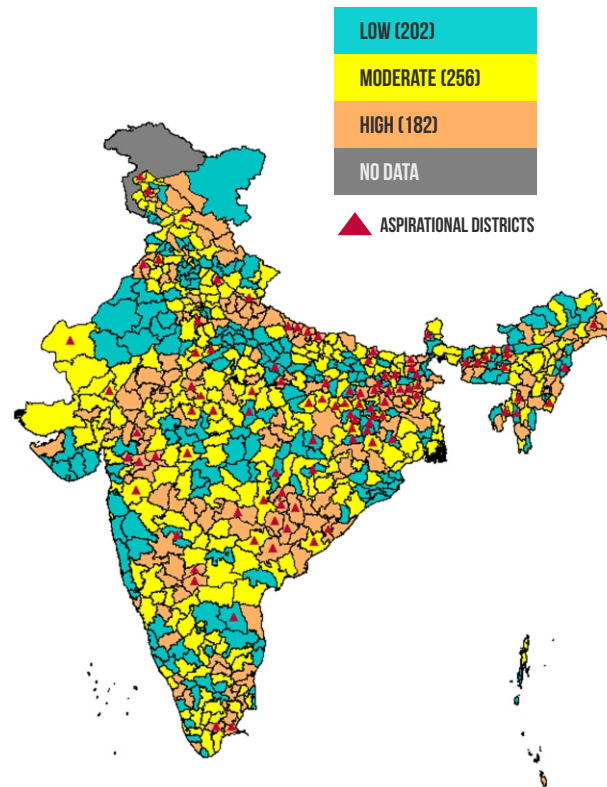
## COMPOSITE VULNERABILITY: ALL INDIA BENCHMARK



Degree of composite vulnerability (all India benchmark) for each district was computed based on the average of composite vulnerability score at the national level. Districts whose vulnerability scores lie below (national average - 0.5\*SD) were considered having low vulnerability; those whose scores lie above (national average + 0.5\*SD) were considered having high vulnerability; otherwise considered as having moderate vulnerability. **A high vulnerability score for a district makes it high priority from an adolescent policy action perspective at the national level.**

The NITI Aayog identified aspirational districts are also shown in the map.

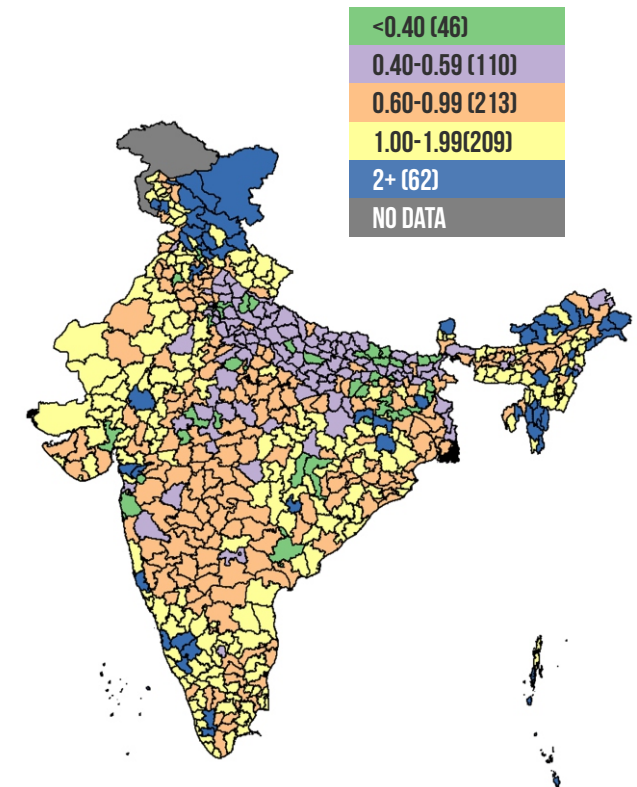
## COMPOSITE VULNERABILITY: STATE BENCHMARK



Degree of composite vulnerability (state benchmark) for each district was computed based on the average of composite vulnerability score within each state. Districts whose vulnerability scores lie below (state average - 0.5\*SD) were considered having low vulnerability; those whose scores lie above (state average + 0.5\*SD) were considered having high vulnerability; otherwise considered as having moderate vulnerability. **A high vulnerability score for a district makes it high priority from an adolescent policy action perspective at the state level.**

The NITI Aayog identified aspirational districts are also shown in the map.

## PUBLIC HEALTH FACILITIES PER 1000 ADOLESCENTS



The density of public health facilities per 1000 adolescents attempts to capture the accessibility of the public health system for service delivery. It accounts for the sum total of primary health centres, community health centres and district hospitals per 1000 adolescents. The districts with lower density of health facilities per 1000 adolescents may require additional attention.