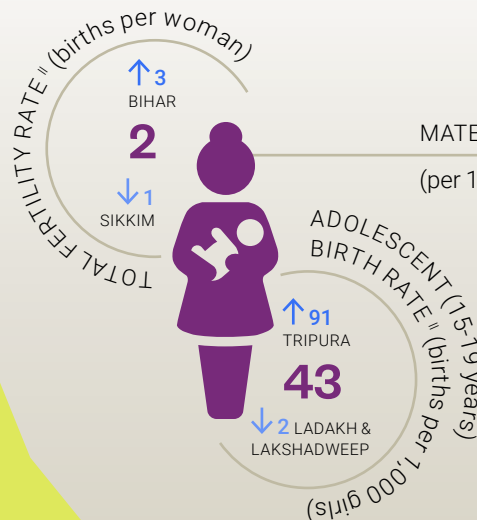


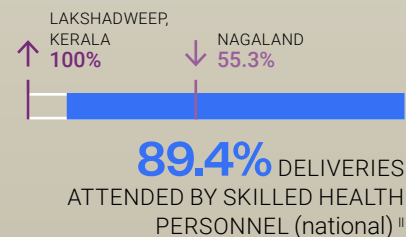
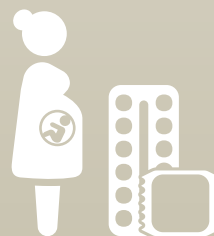
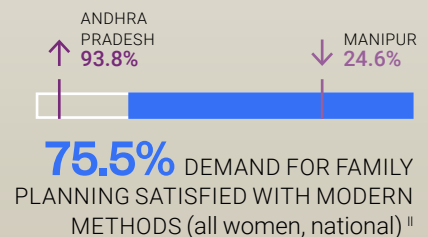
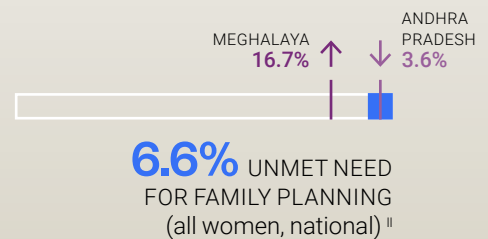
At the Nairobi Summit, the Republic of India committed to accelerating implementation and funding of the ICPD Programme of Action and 2030 Agenda for Sustainable Development.

India has also **committed to making Universal Health Coverage a reality for all.** India has

committed to substantially reducing the unmet need for contraception by 2030 by increasing the range of contraceptives and improving the quality of family planning services. The country has committed to advocate for voluntary and informed choice so couples can freely and responsibly decide the number and spacing of their children.



MATERNAL MORTALITY RATIO **102.65**
(per 100,000 live births)^{III} **100,000**



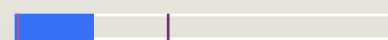
THE REPUBLIC OF
INDIA

TOTAL POPULATION^I

1,435,228,800

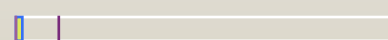
WOMEN (20-24 years) WHO WERE
FIRST MARRIED OR IN UNION^{II}

22% BEFORE AGE 18 (NATIONAL)



↓ LAKSHADWEEP 1% ↑ WEST BENGAL 41%

4% BEFORE AGE 15 (NATIONAL)



↓ LAKSHADWEEP, GOA, KERALA 0% ↑ TRIPURA 12%

70.5 LIFE EXPECTANCY AT BIRTH^I

LIFE EXPECTANCY AT BIRTH^I **73.6**

376,769,812

WOMEN OF REPRODUCTIVE AGE
(15-49 years)^I

254,048,840

POPULATION 15-24 YEARS
(male + female)^I

POPULATION 24 YEARS OR YOUNGER^I **42.4%**

AGE

12

8

4

0

4

8

12

MALE < POPULATION > FEMALE
(in millions)

I. World Population Prospects 2022

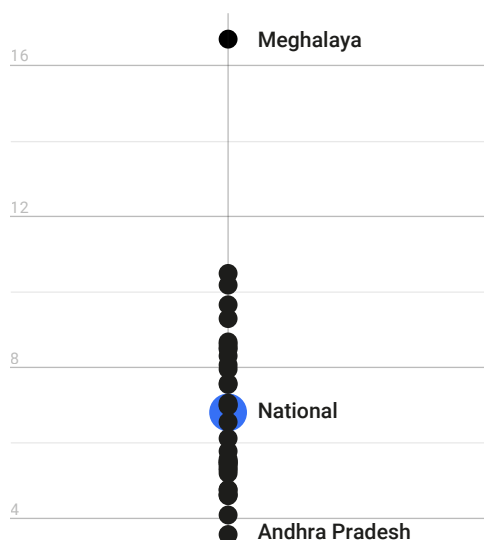
II. Demographic and Health Survey, 2019-2021

III. SDG

Nationally, unmet need for family planning in India is 6.6%, ranging from 3.6% in Andhra Pradesh state to 16.7% in Meghalaya state. In 19 states, the unmet need for family planning is lower than the national level, while in 17 states, it is greater. Demand for family planning satisfied with modern methods is 75.5% nationally, ranging from 25.1% in Manipur to 94% in Andhra Pradesh. In 16 states, demand for family planning satisfied with modern methods is higher than the national level, while it is lower in 20 states.

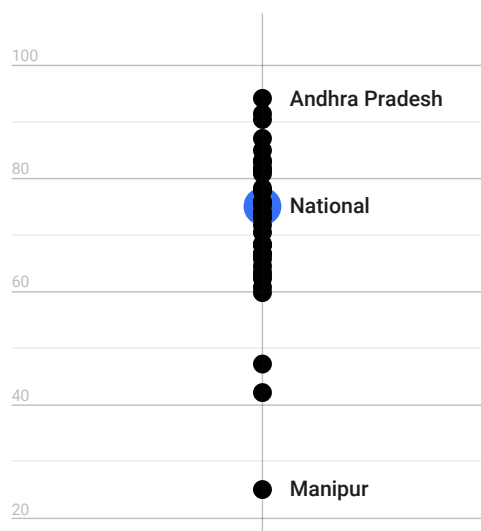
At the national level, unmet need for family planning is relatively the same by residence and education, but decreases slightly as household wealth increases (e.g., from 8.3% among women living in the poorest households to 6.1% among women living in the wealthiest households). In Andhra Pradesh state, where unmet need for family planning is the lowest, there is little variation by residence or household wealth. In this state, women with no or primary education are primarily women 35 years and older, who are also more likely to be users of contraceptives for limiting births. Unmet need for family planning is highest in Meghalaya state; it is higher in rural areas (18.2% compared with 11.5% in urban areas), and decreases with higher levels of education (24.4% among women with no education versus 10% among women with higher education) and household wealth (21.7% among women living in the poorest households versus 9.5% among women living in the wealthiest households).

Unmet Need for Family Planning,
All Women National and by State



Source: Demographic and Health Survey, 2019–2021

Demand for Family Planning Satisfied with
Modern Methods, All Women National
and by State



Source: Demographic and Health Survey, 2019–2021

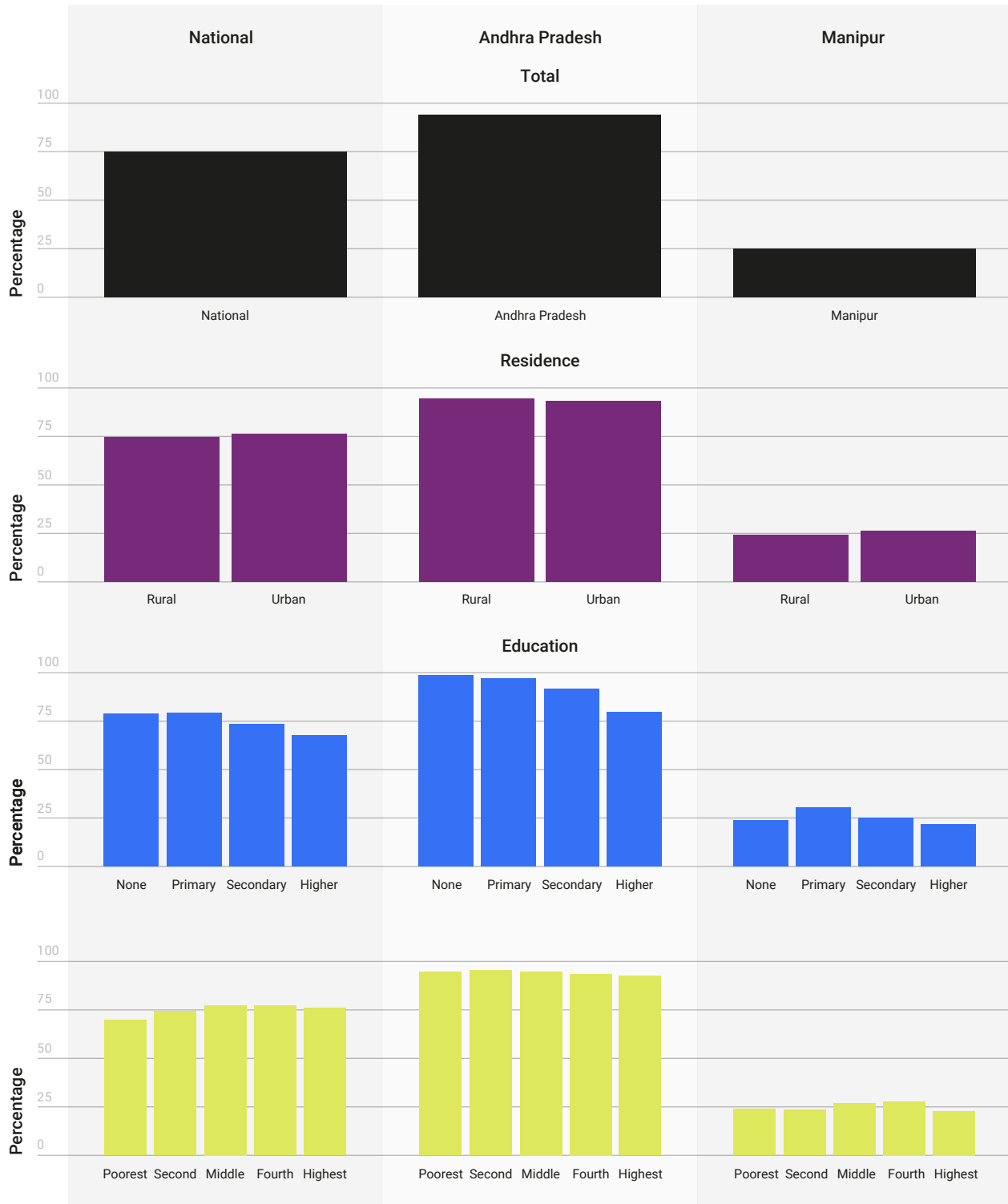
Demand for family planning satisfied by modern methods remains relatively the same by residence nationally (76.2% urban versus 74.4% rural) as well as in the states with the highest (Andhra Pradesh state: 93% urban versus 94.5% rural) and lowest levels (Manipur state: 26.3% urban versus 24.3% rural). There is not much variation by household wealth nationally (69.7% among women living in the poorest households versus 75.9% in the wealthiest households) as well as in the states with the highest and lowest levels. Nationally, as well as in the states with the highest and lowest levels, the percentages are higher among women with no education (78.8% nationally, 23.9% in Manipur state, and 98.6% in Andhra Pradesh state) compared with women with the highest levels of education (67.7% nationally, 21.5% in Manipur state, and 79.4% in Andhra Pradesh state); women with no or low education primarily include women 35 years and older.

Unmet Need for Family Planning, All Women; National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

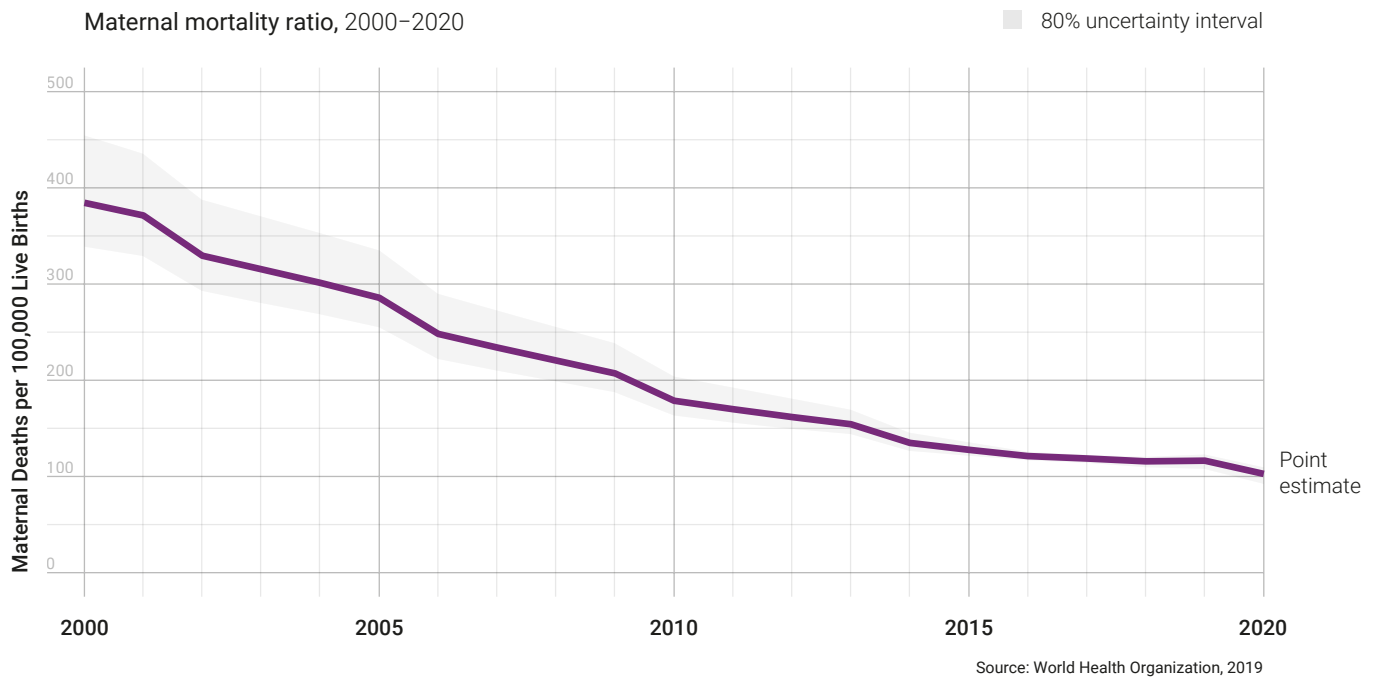
Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2019–2021

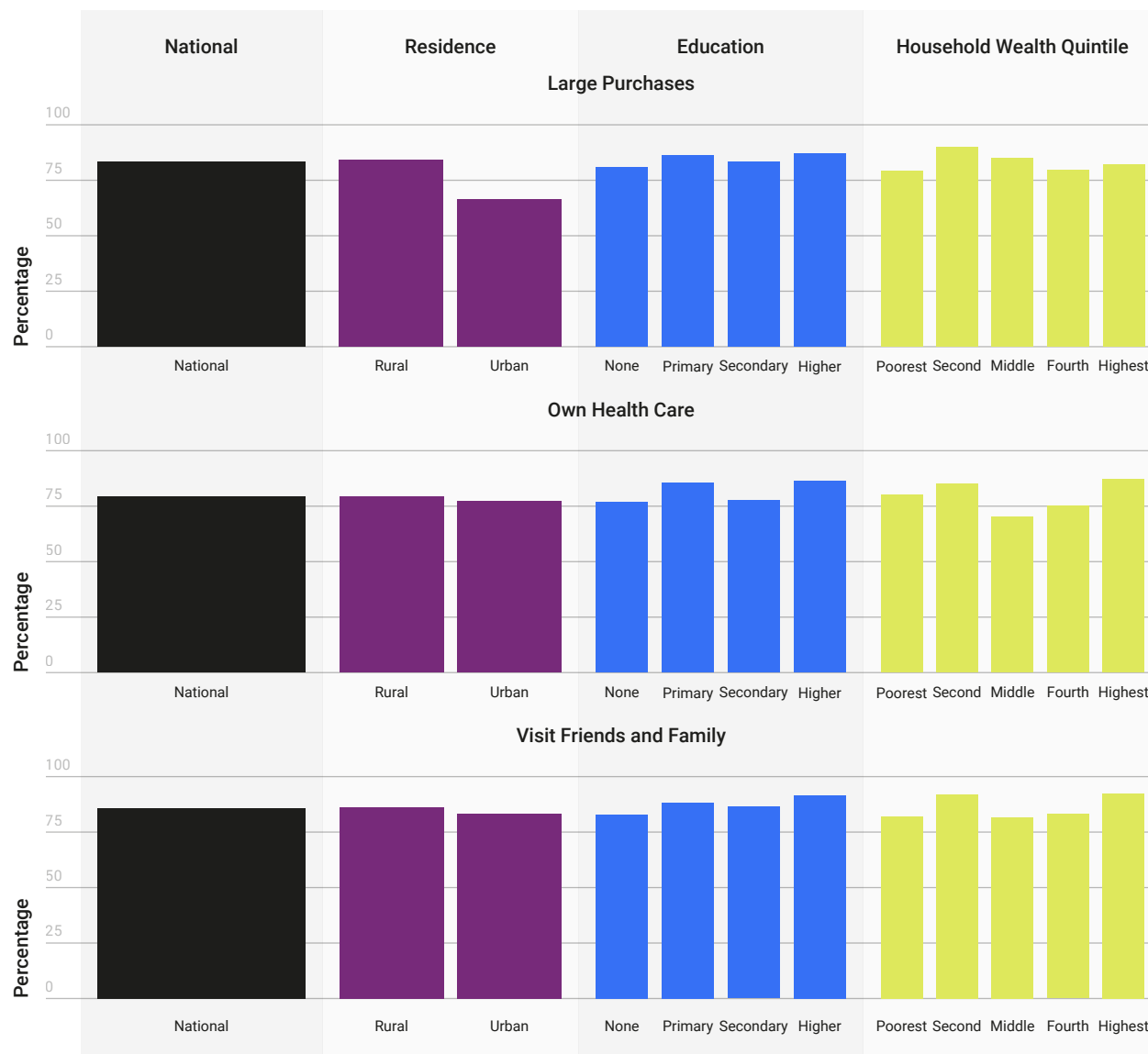
India has committed to achieving the SDG target of a maternal mortality ratio of less than 70 deaths per 100,000 live births by 2030 through Suman (Surakshit Matritva Aashwasan – safe motherhood benefit scheme).

India's maternal mortality ratio has declined from 2000 to 2020, the most recent year for which data is available and was estimated to be 102.65 deaths per 100,000 live births. The maternal mortality ratio is 1.5 times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is permitted in India. In 2021, India amended its Medical Termination of Pregnancy Act which further liberalized access to abortion services.



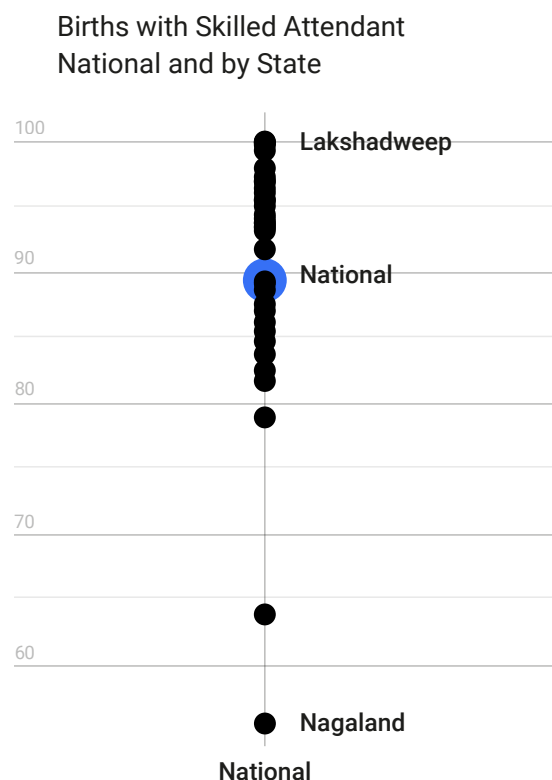
Overall, 78.7% of married or in-union women aged 15-49 years in India make their own decisions regarding their own health, with 83% making their own decisions regarding large purchases and 85.6% regarding visiting friends and family. There is little variation by residence in decisionmaking regarding their own health or visiting friends and family, but more women in rural areas (84.1%) compared to urban areas (66.3%) make decisions regarding large purchases. There is also little variation by level of education and by household wealth in decision making.

Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



Source: Demographic and Health Survey, 2019–2021

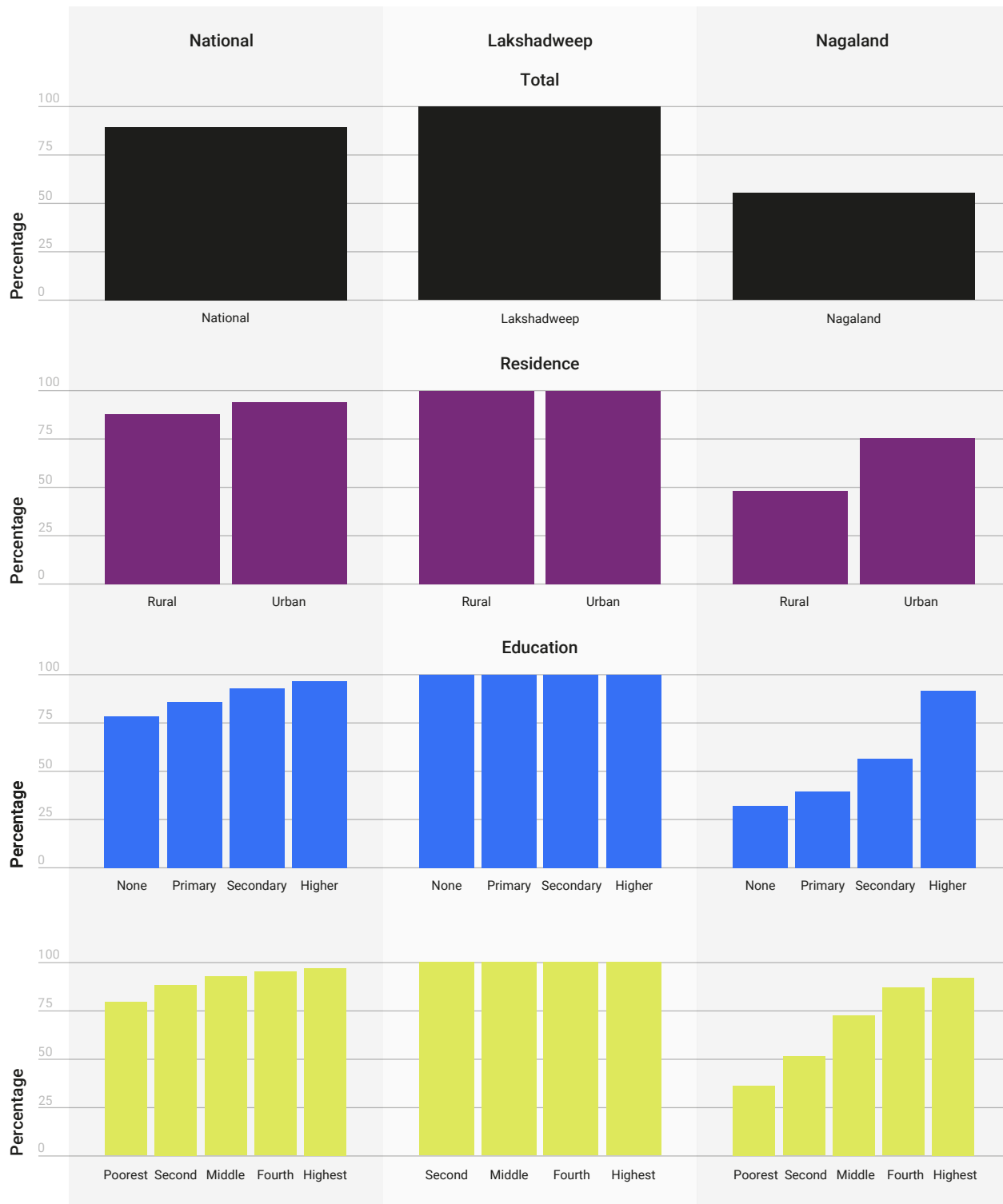
Among married women 15-49 years in India who had a live birth in the last two years, approximately 89.4% of deliveries are assisted by a skilled attendant; this is one of the highest in the region. There are three states in India where the percentage of deliveries assisted by a skilled attendant is less than 80%: Nagaland state (55.3%), Meghalaya state (63.9%) and Bihar state (78.9%); in all other states the percentage of deliveries by a skilled attendant among married women 15-49 years who had a live birth in the last two years is over 80%.



Source: Demographic and Health Survey, 2019–2021

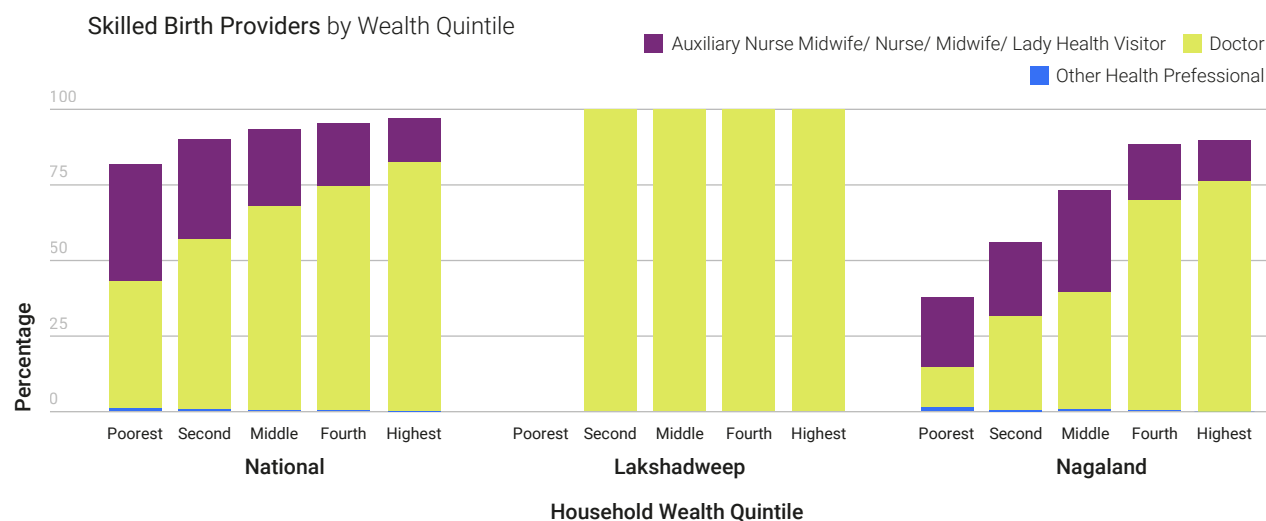
Nationally, the percentage of deliveries assisted by a skilled attendant is higher in urban areas than rural areas (94% versus 87.8%), increases with higher levels of education (78.5% among women with no education versus 96.7% among women with higher education) and household wealth (79.3% among women living in the poorest households versus 96.8% among women living in the wealthiest households). In Lakshadweep state, with the highest percentage of deliveries assisted by a skilled attendant, there is little variation by residence, level of education, or household wealth. In Nagaland state, the percentage of deliveries assisted by a skilled attendant is higher in urban areas (75.4% versus 48.2% in rural areas), increases with higher levels of education (32% among women with no education to 91.6% among women with higher education) and household wealth (36.1% among women living in the poorest households to 91.8% among women living in the wealthiest households).

Births with Skilled Attendant; National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

Nationally, as household wealth increases, so does the proportion of births attended by doctors versus an auxiliary nurse midwife/nurse/midwife/lady health visitor (among women living in the poorest households, 52% of births are attended by doctors, compared to 85% in the wealthiest households). This is consistent in Nagaland state where the proportion of births attended by doctors is 40% among women living in the poorest households and 81% among women living in the wealthiest households. Among women living in Lakshadweep state, all births are attended by doctors.

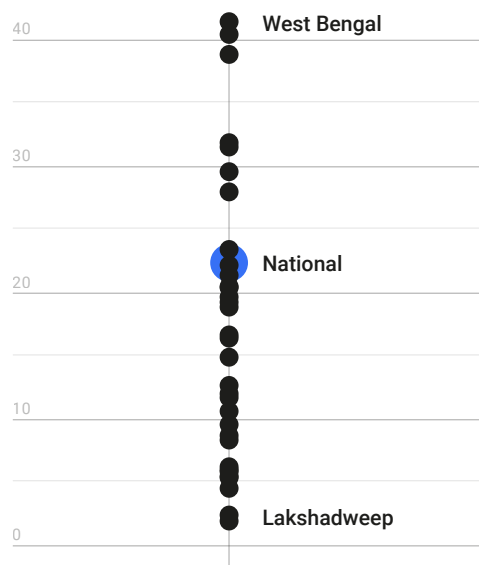


India has committed to ensuring access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education, and adolescent-friendly comprehensive, quality, and timely health services under the Rashtriya Kishor Swasthya Karyakram (RKSK). India has also committed to addressing gender-based violence to achieve SDG 5.6.2 by eliminating all forms of violence against women and girls through improved implementation of various legislative frameworks and strengthened schematic interventions.

In India, 22.4% of women aged 20-24 years were married before age 18 including 4% married before age 15. Notably, marriage before age 18 varies across states, with the highest percentage observed in West Bengal, 41.5%, including 9.7% married before age 15, and the lowest in Lakshadweep, 2%, including 0.7% married before age 15. In eight states, the proportion of women aged 20-24 years who were married before age 18 is greater than that the national level; in 28 states it is lower than the national level.

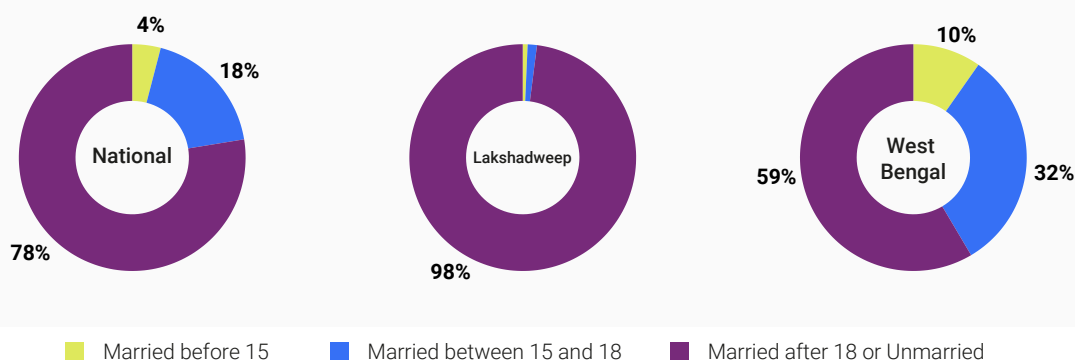
Nationally, marriage before age 18 is higher in rural areas (26%, including 4.8% married before age 15) than urban areas (14.3%, including 2.4% married before age 15). This is also consistent in West Bengal state where 48.1% of women in rural areas were married before age 18 (including 11.4% married before age 15) compared with 25.9% in rural areas (including 5.9% in rural areas married before age 15)

Percent of Women Married before Age 18, Women 20–24
National, Highest, and Lowest States Shown

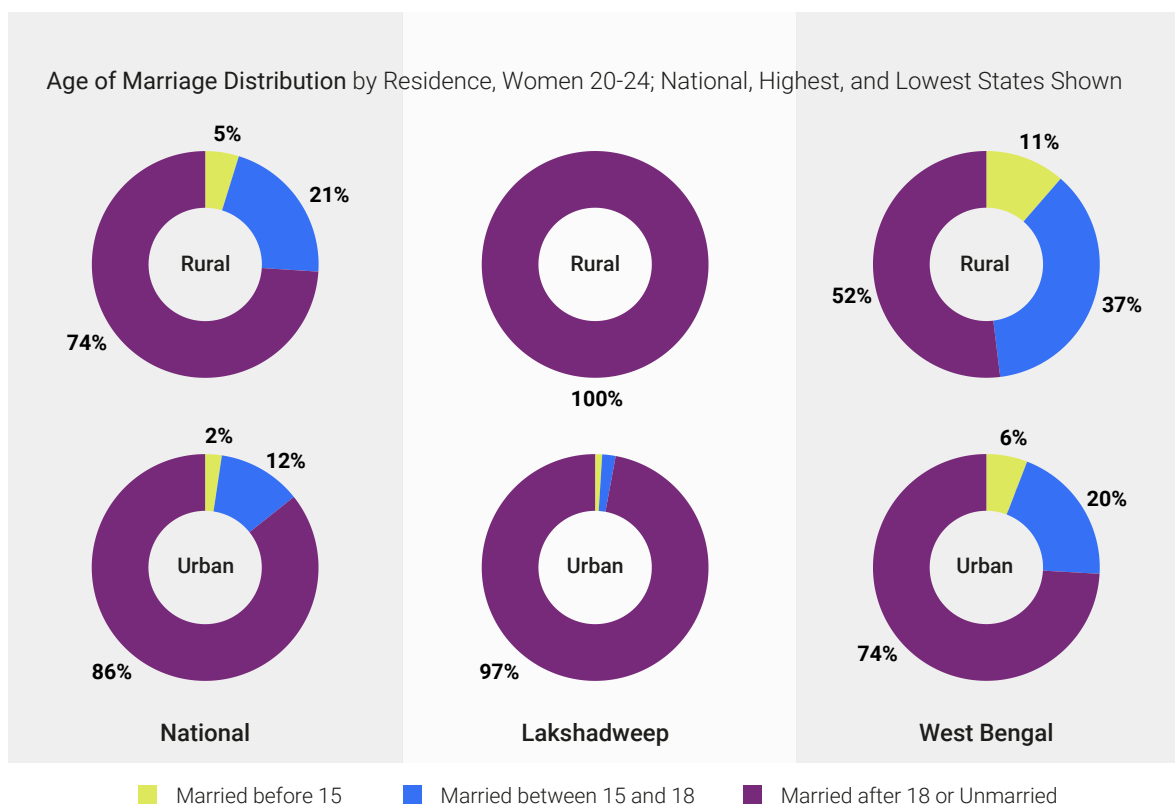


Source: Demographic and Health Survey, 2019–2021

Age of Marriage Distribution Women 20-24; National, Highest, and Lowest States Shown



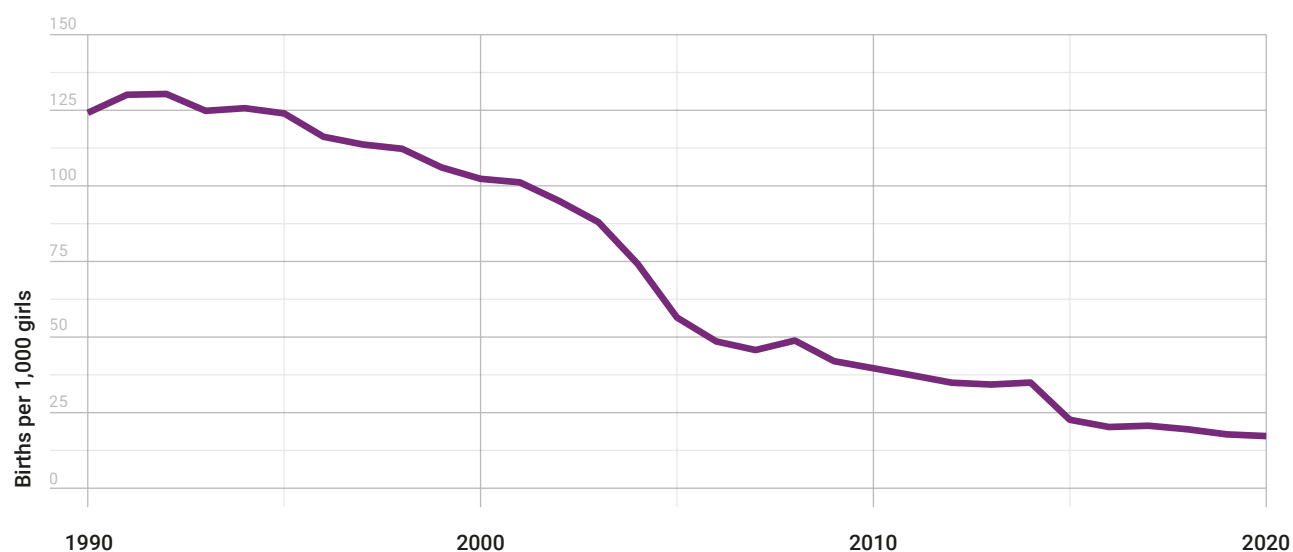
Source: Demographic and Health Survey, 2019–2021



Source: Demographic and Health Survey, 2019–2021

Since 1990 the adolescent birth rate in India has decreased. Trends reveal that across the country it decreased from approximately 124.1 births per 1,000 girls in 1990 to approximately 17.3 births per 1,000 girls in 2020.

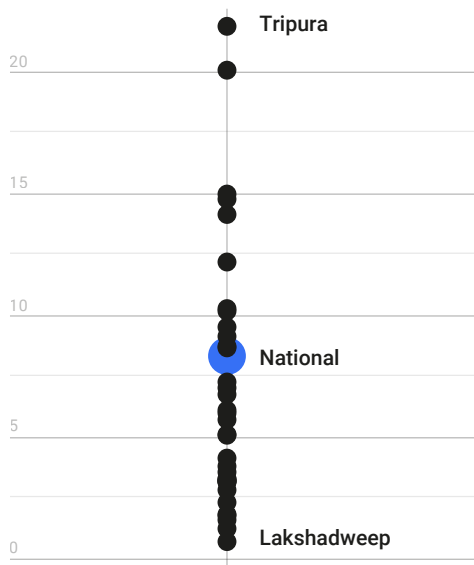
Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

According to the latest Demographic and Health Survey, approximately 8.3% of women aged 20-24 years had a birth before age 18 nationally. This ranges from 0.6% in Lakshadweep state to 21.9% in Tripura state. In 24 states the percentage is less than that at the national level, while in 12 states it is greater than the percentage at the national level. The percentage of women who had a birth before age 18 is higher in rural areas (nationally: 9.5%; Tripura state: 22.6%) than in urban areas (nationally: 5.5%; Tripura state: 20%).

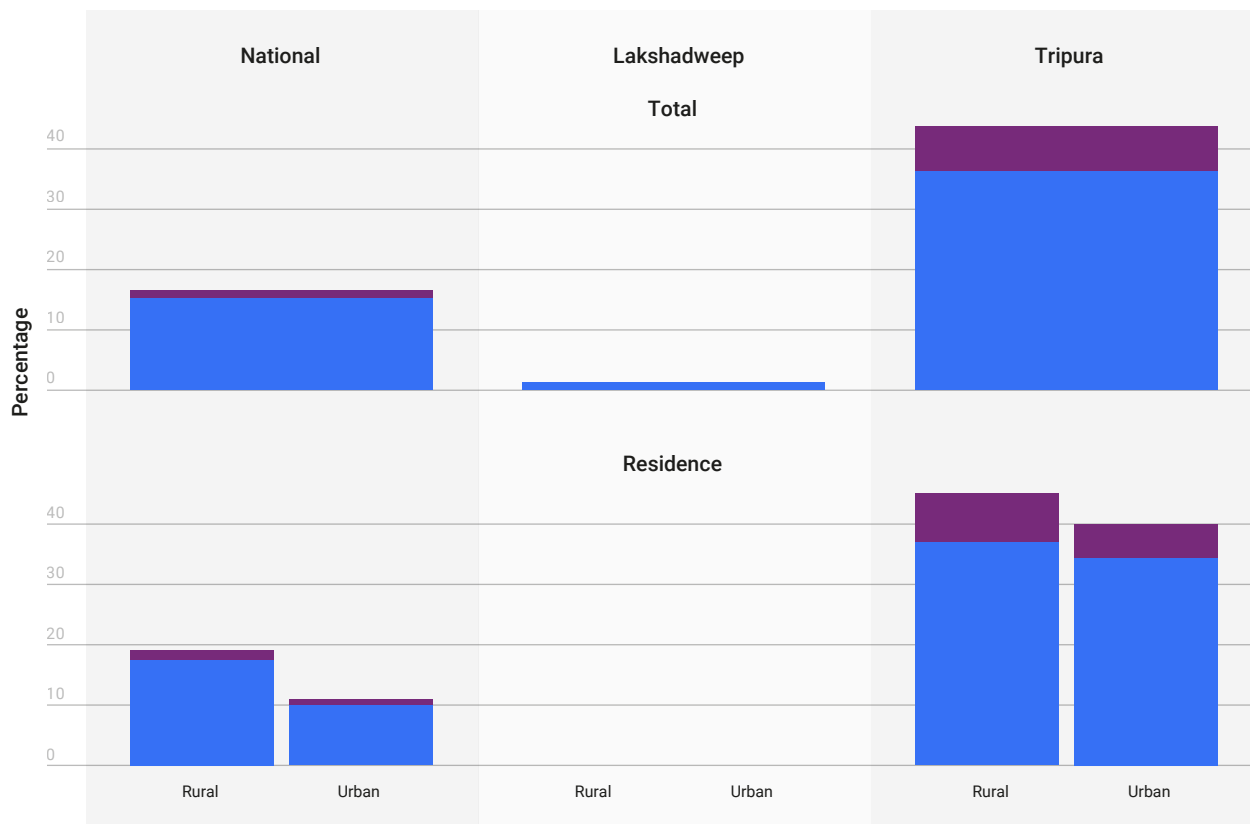
Percent of Women Who Gave Birth before Age 18, Women 20–24
National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

Birth Before Age 15 and 18, Women 20–24 Years
National, Highest, and Lowest States Shown

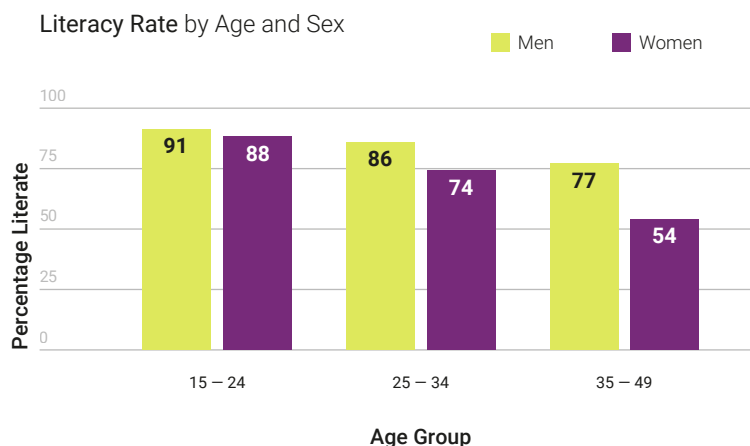
■ Birth between 15–18 ■ Birth before 15



Source: Demographic and Health Survey, 2019–2021

The literacy rate in India among 15- to 24-year-olds is higher among men (91.4%) than women (88.2%). This difference is magnified in the 35-to-49-year age group where at 77% the literacy rate for men is 1.4 times higher than the literacy rate for women (53.9%).

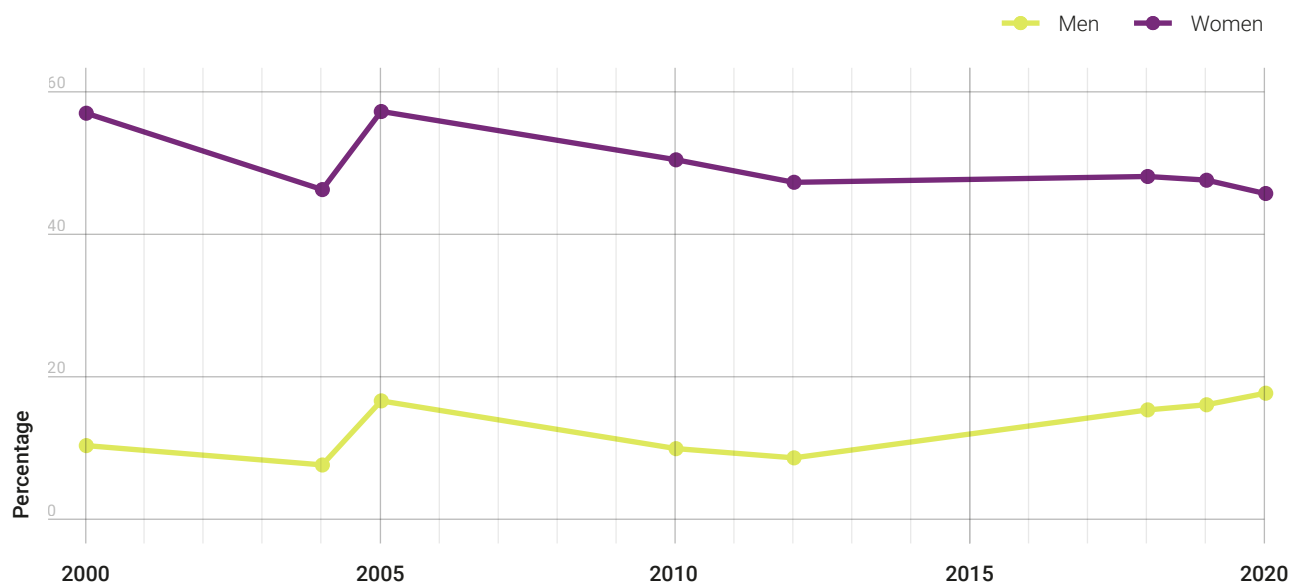
India has committed to strengthening interventions to promote women's equal participation in public life.



Source: Demographic and Health Survey, 2019–2021

Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In India, the percentage of youth not in education, employment or training increased among males from 10.3% in 2000 to 17.7% in 2020, while among women it decreased from 57% in 2000 to 45.7% in 2020.

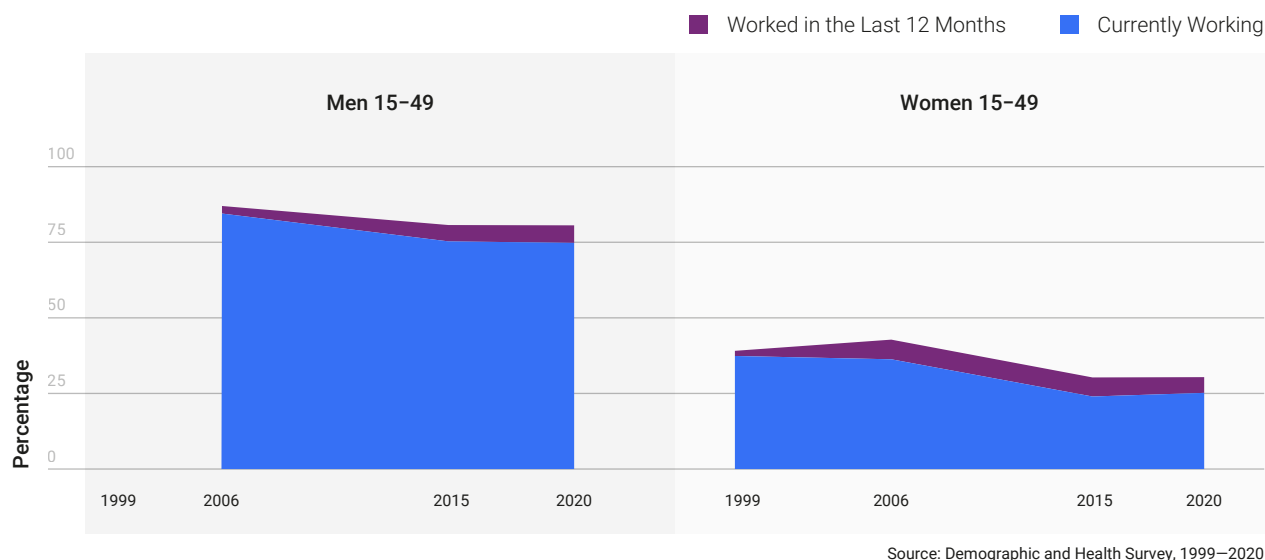
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: National Sample Survey (2000, 2004, 2005, 2010, 2012), Periodic Labour Force Survey (2018, 2019, 2020)

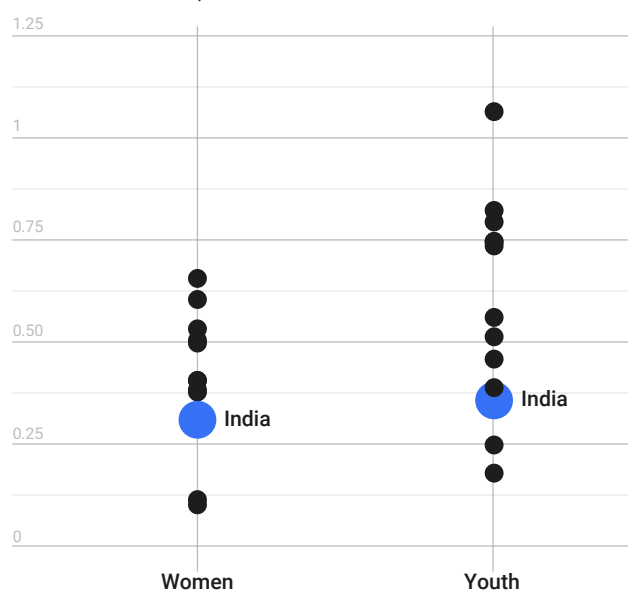
Employment trends for women and men in India reveal a decline from 2006 to 2020 with approximately 74.8% of men and 25.2% of women who worked in the last 12 months currently working in 2020 (versus 84.5% and 37.4% respectively in 2006).

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In India, the ratio of the proportion of female Members of Parliament and the ratio of the proportion of young Members of Parliament are lower than the median compared with those in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Central and South Asian Countries



During the 54th session of the United Nations Commission on Population and Development in 2021, the Minister of Health reiterated India's Nairobi commitments. The Government in partnership with UNFPA advocated in select States for the incorporation of mental health and psychosocial support within one-stop centers for women facing violence.

A significant step towards enhancing sexual and reproductive health and rights has been realized through the Amendments to the Medical Termination of Pregnancy Act (MTP Act 1971). This amendment permits abortion up to 24 weeks of pregnancy for all women, regardless of marital status.

India was reviewed at the 41st session of the Universal Periodic Review in November 2022. It received 339 recommendations, of which at least 138 (41% of all recommendations) were related to the Nairobi Summit on ICPD25.