

## Namma Urimai – Reclaiming Rights in the Lives of Adolescent Girls

### Introduction

Sexual and Reproductive Health and Rights (SRHR) are central to bodily autonomy, gender equality, and the ability to lead safe, informed, and fulfilling lives. Tamil Nadu has made notable progress in maternal health and girls' education; however, significant gaps remain in realising SRHR for adolescent girls—particularly those from rural and marginalized communities.

**Child Marriage:** *NFHS-5 (2019–21)* data reveals that 21.5% of women aged 20–24 were married before 18, increasing risks of early pregnancy, school dropout, and intimate partner violence.

**Adolescent Pregnancy:** 3.4% of girls aged 15–19 have begun childbearing, pointing to unmet needs in contraception and comprehensive sexuality education.

**Contraceptive Access:** While 52.3% of currently married women (15–49) use modern contraceptives, only 16% of sexually active unmarried women do—indicating significant barriers for youth.

**Menstrual Health:** Only 75.6% of rural girls (15–24) use hygienic menstrual products, compared to 91.1% in urban areas—impacting health, dignity, and school attendance.

**Unsafe Abortions:** Nationally, 56% of the 8 million abortions annually are unsafe (*Lancet, 2018*). Rural adolescents and unmarried women often lack safe, confidential services.

**Knowledge Gaps:** With sexuality education largely absent in schools, only 38.5% of adolescent girls (15–19) have comprehensive HIV/AIDS knowledge—reflecting broader SRHR awareness deficits.

Without urgent, targeted interventions, thousands of girls will remain without access to accurate information, safe services, and the ability to make autonomous decisions—undermining both their potential and Tamil Nadu's inclusive development agenda.

### Key Challenges

Limited SRHR education and awareness.

Restricted decision-making power due to family and societal norms.

Inadequate teacher and community sensitization.

Poor access to youth-friendly SRHR services in rural areas.

Weak enforcement of protective laws, including POCSO, POSH, and PC-PNDT.

## **Alignment with SDGs**

**SDG 3:** Good Health & Well-being

**SDG 4:** Quality Education

**SDG 5:** Gender Equality

**SDG 16:** Peace, Justice & Strong Institutions

## **Recommendations**

### **1. Integrate Age-Appropriate SRHR Curriculum (Grades 6–12)**

Develop a culturally relevant Comprehensive Sexuality Education (CSE) module aligned with UNESCO technical guidance.

Cover bodily autonomy, puberty, menstruation, consent, contraception, gender identity, and digital safety.

### **2. Mandatory SRHR Training for Educators**

Provide pre-service and in-service SRHR training for all middle and high school teachers.

Appoint a trained SRHR focal teacher in each school and recruit qualified school counselors.

### **3. Strengthen Menstrual Health Management (MHM)**

Ensure free provision of sanitary products in all schools.

Guarantee access to safe, private sanitation facilities.

Conduct monthly menstrual health awareness sessions.

### **4. Establish Peer-Led Adolescent Health Clubs**

Train student leaders to run SRHR clubs with teacher support.

Organize monthly discussions, awareness drives, and community outreach.

### **5. Create Safe & Anonymous Reporting Mechanisms**

Introduce confidential grievance systems for harassment, abuse, or SRHR concerns.

Form school-level child protection committees in line with POCSO guidelines.

## **6. Leverage Digital Platforms for SRHR Access**

Launch a state-wide, adolescent-friendly SRHR mobile app and website in Tamil and English.

Offer online counseling and chat-based SRHR support.

## **7. Engage Parents & Communities**

Conduct quarterly parental orientation programs to build support for SRHR education.

Involve School Management Committees (SMCs) in monitoring inclusivity and rights-based approaches.

## **Conclusion**

Sexual and reproductive rights are **non-negotiable human rights**. Tamil Nadu has the opportunity to become a national leader in safeguarding adolescent girls' rights by embedding SRHR into education, community systems, and health services. Implementing these recommendations will ensure that every girl—regardless of geography or social background—has the knowledge, agency, and access to make informed choices about her life and future.

**Investing in adolescent girls' SRHR is not only a moral imperative—it is a strategic pathway to advancing gender justice, health equity, and sustainable development in Tamil Nadu.**