MEETING YOUNG WOMEN'S REPRODUCTIVE AND SEXUAL HEALTH NEEDS

With more young people on earth than ever before, the sexual and reproductive lives of today's young women will have a dramatic effect on the health, prosperity, and size of the world's future population. Today's young women are the healthiest and most educated to date, but they still face obstacles to achieving their full potential. For example, complications from pregnancy, childbirth, and unsafe abortion are the major causes of death for women ages 15 to 19 in less developed countries. Additionally, young people ages 15 to 24 have the highest infection rates of sexually transmitted infections (STIs), including HIV/AIDS, and teenage women are becoming infected at twice the rate of teenage men.

Policies and programs that work for the advancement of women must address the unique needs of young women in the vulnerable — and often overlooked — age group of 10 to 19.

In 1994, governments agreed at the International Conference on Population and Development (ICPD) "to meet the needs of adolescents and youth for information, counseling, and high-quality sexual reproductive health services," as a way to "encourage them to continue their education, maximize their potential, and prevent early marriage and high-risk childbearing."[1] The ICPD and the Fourth World Conference on Women in Beijing in 1995 recognized these goals, not only as needs of young people, but also as their rights.

The sexual and reproductive lives of young women

Age at marriage is one of many aspects of young women's lives currently in transition. Overall, marriage before age 18 is less common than it was a generation ago, but there is regional variation. Compared with levels 20 years ago, early marriage has declined in much of Asia and sub-Saharan Africa[2]; however, girls are still marrying at a young age in some countries. In Bangladesh, average age at marriage is 14.2 years. About half of 15-to-19-year-old women in Mali, Mozambique, Niger, Chad and Uganda are married, and in many other sub-Saharan countries, at least one-fourth of 15-to-19-year-old women are married.

Marrying later in life has a number of implications for young women. Those who marry later are more likely to have a basic education and have fewer and healthier children. However, later marriage, combined with increased premarital sex among adolescents, puts young people at greater risk of unintended pregnancies, unsafe abortion, births out of wedlock, and STIs, including HIV/AIDS.

Premarital sexual activity is common in many parts of the world and is reported to be on the rise in all regions.[3] In many countries, young women and men are under strong social and peer-group pressure to engage in premarital sex. The average age of marriage has risen in many

Table 1

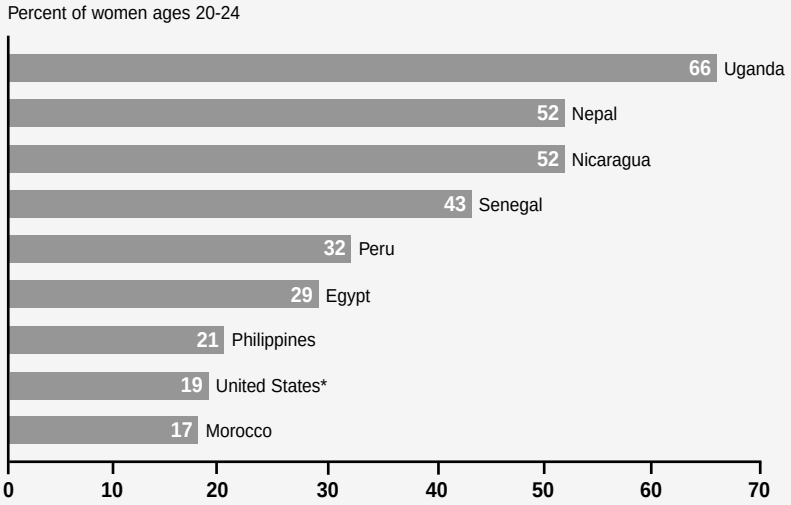
Age at marriage and age at first sexual intercourse amoung young women*, selected countries

Country	Median age at marriage**	Median age at first intercourse
Cameroon	18.0	15.9
Kenya	20.2	16.8
Niger	15.3	15.3
Bolivia	20.9	19.0
Brazil	21.0	18.8
Guatemala	19.2	18.6
Haiti	20.5	18.7
Indonesia	19.9	19.8
Philippines	22.7	22.8

SOURCE: Demographic and Health Surveys (Calverton, MD: Macro International).
*Among women ages 25 to 29.
**Includes formal marriage and cohabitation. Median age indicates that half the women surveyed entered their first union before this age and half after this age.

Figure 1

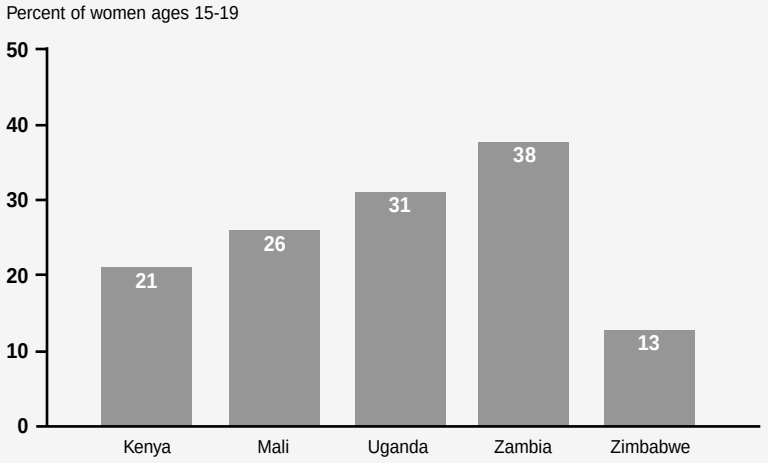
Women giving birth by age 20, selected countries



SOURCE: Demographic and Health Surveys, 1995-1998 (Calverton, MD: Macro International).
*1995 National Survey of Family Growth (Hyattsville, MD: National Center for Health Statistics).

Figure 2

Unmarried adolescent women who have recently* received money or gifts in exchange for sex, selected sub-Saharan African countries



SOURCE: Demographic and Health Surveys (Calverton, MD: Macro International).
*Zimbabwe: within the past 4 weeks; Uganda: last sexual encounter; other countries: within the past 12 months.

parts of the world and the age of puberty for women has fallen, giving young people more years "at risk" of having premarital sex.

For example, in Kenya, there is more than a three-year gap between age at first intercourse and age at marriage, and in Brazil, it is slightly more than two years *(see Table 1, page 1)*. Surveys show that the percentage of women having premarital sex by age 20 ranges from 4 percent in the Philippines and 44 percent in Tanzania, to 86 percent in Jamaica.[4]

Serious risks and consequences accompany increased premarital sex, particularly when young people do not have access to adequate reproductive health services and information. Specifically, these risks can include STIs, including HIV/AIDS, and unintended pregnancies. When faced with an unintended pregnancy, many young women will seek an abortion, which in many countries is inaccessible, illegal, or unsafe. Unsafe abortions — self-induced or done by an untrained provider — can result in severe illness, infertility, and even death. Complications from unsafe abortion are the leading cause of death among teenagers in some countries.[5]

Adolescent women are less likely than women over age 20 to use contraceptive methods. Reasons for this include lack of information, misinformation, and fear of side effects, along with geographic, social, and economic barriers to access and use of contraception. Typically, family planning services are designed to serve married, adult women. Unmarried teens may find service providers hostile or unhelpful, especially where strong cultural or religious beliefs condemn sexual activity among unmarried adolescents. Teens may be unwilling to disclose their sexual activity to parents or service providers. Also, the sporadic and unplanned nature of adolescent sexual activity can be an obstacle to consistent contraceptive use. Surveys indicate that 12 percent to 42 percent of *married* adolescent women in less developed countries who say they would prefer to space or limit births are not using family planning. If sexually active, *unmarried* adolescents were included in the surveys, the unmet need percentage would certainly be higher.[6]

Of the 15 million young women ages 15 to 19 who give birth every year, 13 million live in less developed countries.[7] Thirty-three percent of women in less developed countries give birth before age 20, ranging from a low of 8 percent in East Asia to 55 percent in West Africa. In more developed countries, about 10 percent of women give birth by age 20; however, in the United States, the level of teen childbearing is much higher, at 19 percent. Figure 1 shows births to young women in selected countries.

Young women and their children face serious health consequences from early pregnancy and childbearing. More adolescent girls die from pregnancy-related causes than from any other cause. Because they have not completed their growth, adolescent girls are at greater risk of obstructed labor (when the birth canal is blocked), which can lead to permanent injury or death for both the mother and infant. Infants of young mothers are also more likely to be premature and have low birth weights. In many countries, the risk of death during the first year of life is 1.5 times higher for infants born to mothers under age 20 than for those born to mothers ages 20 to 29.[8] All women face higher risks during first births than in subsequent births; for teens, the risks are greater still. Because adolescents have less experience, resources, and knowledge about prenatal care and childbirth than older women, they and their children suffer when obstetric emergencies arise.

Sexual exploitation and abuse of young women

Because sexual violence and exploitation are abuse of power, young women are especially at risk, and the violations can have devastating and long-lasting consequences. Statistics on rape suggest that between one-third and two-thirds of rape victims worldwide are 15-years-old or younger.[9] Since girls are more likely than boys to be subjected to sexual violence, girls are at risk of becoming infected with HIV and other STIs at a much younger age. Other risks include unintended pregnancies, physical injury, and psychological trauma. Studies also show that young people who have been victims of sexual abuse are more likely to engage in high-risk sexual behavior than those who have not been abused.[10]

Sexual exploitation of children and adolescents is a multibillion-dollar illegal industry, according to UNICEF. Some young people become prostitutes in order to make money. In many places, such as in Bangladesh, Brazil, Nepal, the Philippines and Thailand, young people are lured or forced into prostitution.[11] Similarly, poverty leads many young women in sub-Saharan Africa and elsewhere into sexual relationships with older men — sometimes known as "sugar daddies" — who give the young women money and other necessities, such as clothing and school fees, in exchange for sex *(see Figure 2)*.

Young women and HIV/AIDS

Half of all people infected with HIV are under age 25, according to WHO estimates, and about half of all new infections are among 15-to-24-year-olds.[12] Ninety-five percent of people with HIV live in the less developed world.

Young women are particularly vulnerable to STIs, including HIV/AIDS, for biological and cultural reasons. Adolescents in general are at high risk of contracting HIV and other STIs because they often have multiple, short-term sexual relationships, do not consistently use condoms, and lack sufficient information on how to protect themselves from HIV/AIDS. Adolescent women, in particular, are at a biological disadvantage because they have fewer protective antibodies than do older women, and the immaturity of the cervix increases the likelihood that exposure to the infection will result in the transmission of the disease.[13] Moreover, because women often do not show symptoms of chlamydia and gonorrhea — the most common STIs — and because having another STI increases an individual's susceptibility to HIV, women's risk of contracting and spreading these infections is especially high. In fact, teenage women become infected with HIV/AIDS at twice the rate of teenage men. In addition, sexual violence and exploitation, lack of formal education (including sexuality education), inability to negotiate with partners about sexual decisions, and lack of access to reproductive health services all work together to put young women at especially high risk.

Policy and Program Implications

Meeting young women's needs for reproductive health information and services is vital to their future. At recent world conferences, governments committed to a universal agenda for action to improve the sexual and reproductive health of adolescents, as follows:[14]

- Provide health education to adolescents, including information on sexuality, responsible sexual behavior, reproduction, abstinence, family planning, unsafe abortion, STIs including HIV/AIDS, and gender roles.
- Encourage parental involvement and promote adult communication and interaction with adolescents.
- Use peer educators to reach out to young people.
- Provide integrated health services for adolescents that include family planning information and services for sexually active adolescents.
- Make health services adolescent-friendly by ensuring confidentiality, privacy, and respect, and by providing the high-quality information necessary for informed consent.
- Take measures to eliminate all forms of violence against women and end trafficking in women.

Research and program experiences suggest that policymakers and health providers need to remove legal and institutional barriers that impede young people's access to existing family planning and reproductive health services. In addition, information and services need to be designed to accommodate the unique needs of adolescents and young adults. Examples include providing sexuality education in schools before teens become sexually active; providing specially designed services for youth in clinics or community settings; and using popular entertainment, mass media, and peer education — where young people are trained to talk to their peers — to convey information on sensitive topics. Successful programs are usually those that involve youth in design and implementation.

Sexuality education for youth has long been hampered by adult concerns that knowledge will promote promiscuity among unmarried teens. However, worldwide reviews of studies by the World Health Organization and United Nations[15] conclude that sexuality education does not encourage early initiation of intercourse, but can delay first intercourse and lead to more consistent contraceptive use and safer sex practices.

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Acknowledgments

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PRB

POPULATION REFERENCE BUREAU
MEASURE *Communication*
1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009 USA
Tel.: (202) 483-1100 ■ Fax: (202) 328-3937 ■ E-mail: measure@prb.org or popref@prb.org
Web site: www.measurecommunication.org or www.prb.org

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