

FROM CHILDHOOD TO WOMANHOOD:

MEETING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF ADOLESCENT GIRLS

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Introduction

Adolescence is a decisive age for girls around the world. What transpires during a girl's teenage years shapes the direction of her life and that of her family. For many girls in developing countries, the mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability—to leaving school, child marriage, early pregnancy, HIV, sexual exploitation, coercion and violence. Adolescent girls are less likely than older women to access sexual and reproductive health care, including modern contraception and skilled assistance during pregnancy and childbirth.



Many are poor, have little control over household income, have limited knowledge about sexual and reproductive health issues, and lack the ability to make independent decisions about their health.¹ Moreover, they often do not have access to health care that meets their specific needs.²

Today, 88 per cent of adolescents live in developing countries.³ Adolescent populations are growing fastest in Sub-Saharan Africa and the least developed countries overall. These are the very places where the risk associated with pregnancy and childbirth is highest.⁴ There is an urgent need to increase investment in comprehensive programmes, including sexual and reproductive health care for adolescent girls in these countries. Doing so would yield multiple benefits, enabling girls to stay healthy, avoid unintended pregnancies, finish an education, engage in productive work, and choose to have fewer and healthier babies, when they are ready. The choices that girls have and the actions they take during these seminal years have far-reaching consequences within their societies, economies and environments, which ultimately affect all of us around the world.⁵

The Current Situation

Complications in pregnancy and childbirth are the leading causes of death among adolescent girls ages 15-19 in low- and middle-income countries, resulting in thousands of deaths each year.⁶ The risk of maternal mortality is higher for adolescent girls, especially those under age 15, compared to older women.⁷

Adolescent pregnancy brings detrimental social and economic consequences for a girl, her family, her community and her nation. Many girls who become pregnant drop out of school, drastically limiting their future opportunities. A woman's education is strongly correlated to her earning potential, her health and the health of her children. Thus, adolescent pregnancy fuels the intergenerational cycle of poverty and poor health.⁸

The younger a girl is when she becomes pregnant, whether she is married or not, the greater the risk to her health. It is estimated that girls under the age of 15 are at greater risk of dying in childbirth than women in their 20s.⁹

Whether married or unmarried, young women are less likely than their older counterparts to use modern contraceptives. Married adolescents may feel social pressure to bear a child and thus not seek family planning services. Unmarried adolescent girls face a different type of social pressure, fearing judgment or dealing with a socially-unsanctioned pregnancy. Increasing their vulnerability, some adolescent girls are subject to sexual exploitation and abuse, and many have limited knowledge about how to protect their health.¹⁰

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Approximately one in three adolescent girls is married before age 18 in the developing world (excluding China). The poorest and least educated girls are those most likely to be married earlier.¹¹ Girls who enter into marriage early face serious health risks; being married, they are more likely to be exposed to frequent, unprotected sex compared to their unmarried peers, and hence are more vulnerable to adverse pregnancy outcomes, HIV infection and violence.¹² If the current trend in child marriage continues, the rate will jump by fourteen percent, from 14.2 million in 2010, to nearly 15.1 million in 2030.¹³

About 16 million girls aged 15 to 19 years, ninety percent of whom are married, give birth every year, accounting for about 11 per cent of all births worldwide.¹⁴ Less than one-half of these adolescents made four or more antenatal visits to or delivered at a health facility.¹⁵

Adolescent pregnancies put newborns at risk. The risk of death during the first month of life is fifty percent higher among babies born to adolescent mothers. The younger the mother is, the higher the risk for the baby.¹⁶

Fifteen per cent of all unsafe abortions in low- and middle-income countries are among adolescent girls aged 15-19 years.¹⁷ In 2008, there were an estimated 3.2 million unsafe abortions in developing countries among girls aged 15-19,¹⁸ and adolescents are more seriously affected by complications than are older women.¹⁹ Unsafe abortion is responsible for about 13 per cent of all maternal deaths, with adolescents disproportionately affected.²⁰

Young people aged 15 to 24 account for 41 per cent of new HIV infections worldwide.²¹

Adolescent girls are at far greater risk of contracting HIV than adolescent boys. Young women make up 64 per cent of all new infections among young people worldwide. This is not just because they are more physiologically susceptible; they are also at high risk for sexual violence and rape, both inside and outside of marriage. Inside a marriage or partnership, adolescent girls often have limited control over contraceptive use or whether sex takes place at all.²²

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What Must Be Done?

Investments in the health, education and employment of young people, particularly adolescent girls, are among the most cost-effective development expenditures in terms of the social returns they generate.²³ Unfortunately however, the health needs of adolescent girls are ignored in many developing countries. There is an urgent need for expanded access to information and services that address the specific reproductive and sexual health issues of young people, especially the poorest and most vulnerable girls.²⁴

This situation calls for governments to invest additional resources in adolescent development and to pay explicit attention to gender inequalities in order to provide targeted policies, programs, and services.²⁵ This requires increasing the number of health service providers that offer sensitive, confidential services tailored to adolescent girls, thereby reducing the fear and stigma that many adolescents face in seeking care. It also requires expanding comprehensive sex education within and outside of schools to teach girls and boys how they can protect their health and to counter misinformation.²⁶ Moreover, it demands eliminating child marriage and challenging restrictive laws and policies that limit girls' access to services, such as laws requiring a parent's or husband's written permission to access contraceptives.²⁷ Investing in girls' rights and well-being will bring major long-term social and economic benefits.²⁸

Benefits of Action

Eliminating child marriage and meeting adolescents' sexual and reproductive health needs would protect their rights and help prevent girls from having too many children too early in life, which threatens the health of mothers and children and strains young families' limited resources.²⁹

Preventing unintended adolescent pregnancies and investing in girls' education, health and rights have powerful ripple effects in other areas of their lives. Educated young women offer a powerful boost to their families' well-being, contributing to increased household income and savings, better family health and improved opportunities for future generations. Taken together, their actions can help lift communities and countries out of poverty.³⁰ The delaying of marriage until later in life increases the space between generations, lowering the desired family size as more educationally accomplished girls are less reliant on multiple children for security, and decreases the power differential between partners, thus positively affecting women's ability to meet their fertility goals.³¹

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Studies have shown that preventing adolescent pregnancy and increasing the age of first births could significantly lower population growth rates, potentially generating broad economic and social benefits, in addition to improving the health of adolescents.³²

Later childbearing benefits babies' health. When the first child is born to a mother aged 12-20, the child is at greater risk of dying before age 5, being stunted, underweight and suffering from anemia than when born to a mother aged 24-26.³³

Investing in adolescent girls helps respond to other major global challenges, including economic insecurity, rapid urbanization and migration, HIV and AIDS, and humanitarian crises of increasing frequency and severity.³⁴

What is UNFPA Doing?³⁵

UNFPA places a strong focus on investing in adolescents and development, health and human rights, particularly for vulnerable girls. The Fund supports diverse programmes to increase young people's decision-making power and voice within their communities, especially for their sexual and reproductive health and rights. These include enabling adolescents to gain knowledge, skills and confidence through Comprehensive Sexuality Education (CSE) and to contribute to policy processes at national and international levels. UNFPA also advocates for laws and policies that support young people, especially those who are socially marginalized and living in poverty.

UNFPA supports bold initiatives to reach the most vulnerable adolescent girls, focusing on eliminating child marriage, delaying pregnancy, keeping girls healthy and in school, and building their life skills and decision-making capacity, especially through delivering sexuality education and sexual and reproductive health services.

The Fund supports comprehensive sexuality education for both in- and out-of-school adolescents that offers accurate and comprehensive information and teaches critical skills such as decision-making, communication and negotiation in relationships.

Working in partnership with governments and NGOs, UNFPA also supports initiatives to make existing sexual and reproductive health services more available to, supportive of and respectful toward adolescents and youth. Key service components include: universal access to sexual and reproductive health information; a range of safe and affordable contraceptive methods; sensitive counseling; quality obstetric and antenatal care for all pregnant women and girls; and the prevention and management of sexually transmitted infections, including HIV.

UNFPA ALSO SUPPORTS INITIATIVES TO MAKE EXISTING SEXUAL AND REPRODUCTIVE HEALTH SERVICES MORE AVAILABLE TO, SUPPORTIVE OF AND RESPECTFUL TOWARD ADOLESCENTS AND YOUTH.

NOTES

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For more information on
UNFPA's work, please
visit www.unfpa.org.

UNFPA co-chairs the UN
Adolescent Girls Task Force,
which promotes the rights of
adolescent girls, especially the
most marginalized, to reach their
full potential.