

# FACTSheet

## Why Good Reproductive Health is Critical to the Well-Being of Youth

At the UN Special Session on Children, the world's nations have an opportunity — and a responsibility — to reaffirm and strengthen existing commitments to meeting young people's developmental needs, including those relating to reproductive health. The international community has repeatedly agreed to take a comprehensive approach to meeting these challenges that reflects young people's right to reproductive health. Yet young people are too often denied the information and services they need to make healthful, informed decisions about their sexual and reproductive lives.



Photo credit: Barbara Horlbeck

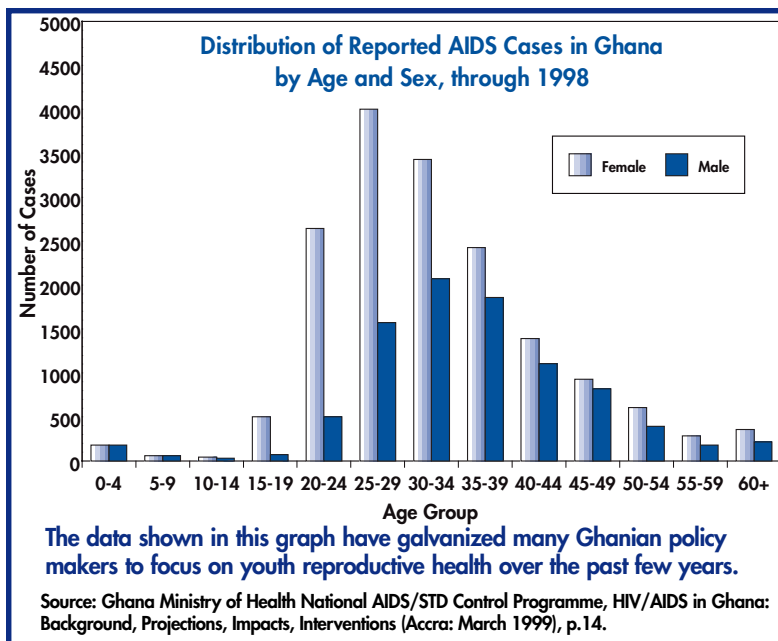
### Why is good reproductive health for young people so important today?

- **The social and developmental consequences of reproductive decisions are far-reaching.** Health, education, and preparation for the world of work are closely connected. An unintended pregnancy can irrevocably disrupt a young girl's life, precluding further schooling and training. Contracting HIV in an unprotected sexual encounter can bring a young person's prospects for a healthy and productive future to an end.
- **Young people have a right to the information and services they need to make healthful decisions about their lives.** Since the International Conference on Population and Development (ICPD) in 1994, the international community has consistently reaffirmed the right of young people to age-appropriate reproductive health information and services that safeguard their rights to privacy, confidentiality, respect and informed consent. The international community has also reaffirmed that the rights and responsibilities of parents to provide guidance in such matters should not prevent young people from having access to the information and services they need to enjoy good reproductive health.

- **Good reproductive health is crucial to national development.** The challenges of preparing the next generation for adult roles are remarkably similar across both developed and developing country settings. Half of the world's 6.1 billion people are under age 25; more than one billion are between the ages of 10 and 19. Within 15 years, all 3 billion will have reached reproductive age. Countries that fail to provide boys and girls with the means to remain healthy and in school will not benefit as fully from other investments they make in young people and globalization sharpens this reality. In addition to the impact on individual health and welfare, the decisions these young people make about the timing and number of their children will have long-lasting consequences for population growth.

### What is the reality of young people's reproductive lives today?

- **Most young people everywhere become sexually active during their teenage years.** Between one-half and two-thirds of adolescent girls in Latin America and the Caribbean are sexually active, as are three-quarters or more of teen girls in industrialized countries. In many sub-Saharan African countries, more than nine in ten girls become sexually active between the ages of 10 and 19. Expectations



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that girls will marry and have children while very young, may lead them to have sex early in some places; in others, later marriage is often preceded by sexual activity. Young people's sexual experience is often gained under circumstances that make them vulnerable to coercion, sexually transmitted infections (STIs) and unintended pregnancy — factors that undermine their health and can complicate their lives in the longer term.

- **Because young people tend to be denied explicit information about sexuality and reproduction, they are often ill-prepared for sexual relations or unable to protect themselves from unintended pregnancy and STIs.** The young and the unmarried are often rebuffed or treated with little respect by reproductive health care providers. Surveys in Mozambique found that three-quarters of girls and close to two-thirds of boys the aged 15 to 19 did not know how to protect themselves from HIV infection.<sup>1</sup> Prevention-oriented programs should make a special effort to reach young people, both in school and out of school, with sexual and reproductive health information and services.
- **Worldwide, over ten million young people aged 15 to 24 have HIV or AIDS.** Every year, almost half of all new HIV infections and at least one-third of all new sexually transmitted infections occur to people under 25. Young people tend to consider themselves invulnerable to risk, even in countries where HIV is widespread, and the unplanned and sometimes secretive nature of their sexual encounters makes protecting themselves difficult even when they are aware. The immature reproductive tracts of young people

make them more susceptible than adults to acquiring HIV/AIDS and other STIs. A study in Kisumu, Kenya found that over one-quarter of girls had engaged in sex before they were 15 years old; by 19 years of age, 33 percent of girls were infected, compared to 9 percent of boys. In the United States, young people 15 to 19 years old have higher rates of STIs than any other age group.<sup>2</sup>

- **Girls are more vulnerable to reproductive health problems than boys for both biological and social reasons, and often have little say over the conditions of sexual relations and childbearing.** Higher HIV infection rates among teenage girls in Africa result from sexual relationships — often involving exchanges of money or other resources — with older men who are more likely to have been exposed to the virus. Young women who become pregnant outside of marriage may have to decide whether to obtain abortions or try to support their children on their own. Faced with an unintended pregnancy, a teenager will often resort to self-induced abortion or the services of an untrained provider. A recent study estimated that about 700 teenagers resort to abortion each day in Kenya — all of them illegal and almost all unsafe.<sup>3</sup>
- **Schooling and reproductive behavior are closely linked.** Education is associated with differences in adolescent childbearing throughout the world. The proportion of women who have their first child by age 18 ranges from 1 percent in Japan to 53 percent in Niger.<sup>4</sup> Women with primary education are, on average, about half as likely as women with less schooling to have a child before age 18. Girls who give birth are far less likely to complete high school than their childless peers. And around the world, unsafe and illegal abortions are disproportionately sought by young women, sometimes at the cost of their lives.
- **Adults who are traditional sources of information on sexual and reproductive matters are increasingly unavailable to young people or are unfamiliar with current threats to reproductive health.** Urbanization, evolution of family structures away from the extended family and toward the nuclear family, and other social and economic changes have all had an effect on traditional systems that, in the past, prepared young people for their future reproductive roles. The epidemic of STIs, including HIV/AIDS, adds to the challenge of providing sufficient information to young people about threats to their sexual and reproductive health.

Excerpts of the Programme of Action, International Conference on Population and Development (Cairo, Egypt, 1994)

7.41. The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions...

7.45. Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse....

7.46. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.

7.47. Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs....Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

7.48. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups...

### What has the international community agreed to do to support the reproductive health of young people?

- **The 1994 International Conference on Population and Development (ICPD) articulated a broad, rights-based approach to youth reproductive health.** The ICPD specifically referred to the need for parents and other adults to provide guidance in this area and to respect the rights of young people to information and services in keeping with their evolving capacities. The Programme of Action adopted at the ICPD called on governments to overcome barriers to reproductive health care for young people and encouraged health care providers to be open to young clients. Explicit objectives were to encourage “responsible and healthy reproductive and sexual behaviour, including voluntary abstinence,” among young people and to reduce adolescent pregnancy. In 1995, delegates to the Fourth World Conference on Women reaffirmed the programmatic goals and objectives of the ICPD.
- **The reproductive health needs of youth were further emphasized during the five-year review of the ICPD in 1999.** The report submitted to the UN Special Session dedicated to the review lays out in more detail how programs need to reach young

people. However, it neither establishes specific date-bound goals nor earmarks monies for youth reproductive health.

- **Although most of the world’s countries were signatories to these important international agreements, they have implemented them inconsistently if at all.** Countries that have most effectively addressed youth reproductive health have treated the issue as an urgent matter of public health rather than one of morality.
- ### What kinds of strategies are needed to ensure good reproductive health among young people?

- **Leadership from the very top is key to addressing young people’s reproductive health needs.** In places as diverse as Uganda and the Netherlands, the government has waded fearlessly into the territory of youth reproductive health because it has so clearly understood the public health mandate for doing so. In Uganda, where HIV infection rates peaked in the 1990s, the president’s outspokenness made it possible for information about the causes of AIDS and how to prevent it to be communicated through a broad range of channels — television, political leaders, religious centers, schools and others. In the Netherlands, ongoing collaboration between the government and the media has educated the population and dramatically reduced adolescent pregnancy, abortion and STIs.
  - **Successful reproductive health policies and programs cut across sectors such as education and public health.** While useful policies and programs exist in various sectors, they are often undermined by a lack of coordination. In many countries, unintended pregnancy abruptly ends girls’ schooling. To change this pattern, Chile’s government supports a program for pregnant girls and young mothers that provides them with schooling, job training, child care and nutrition.
- In Iran, all couples wishing to obtain a marriage license must attend compulsory sex education courses. Since most sexual activity in Iran takes place within marriage, the system provides remarkably wide coverage to this highly motivated group.
- **Sexuality education and services in schools reach millions of students; they work best when they start with parents.** Since a large share of young people attends school in most parts of the world, integrating sexuality education into school curricula is an important strategy. Studies have shown that fears that sex education will contribute to

earlier and less thoughtful sexual activity are misplaced. Providing parents with basic health information and educating them about the importance of sexuality education can help them become comfortable with and supportive of such efforts.

In the Netherlands, for example, sex education is universal, public messages about sexuality widespread, and access to services is viewed as a basic human right. Adolescents begin sexual activity later, have fewer partners, and are far better prepared for sex than their U.S. counterparts, as shown by low rates of unintended pregnancy, abortion, and STI transmission. Adequate teacher training and the development of educational materials that are consistent with regards to the information they seek to communicate are key to the success of sexuality education programs.

Because young people often do not seek the medical care and treatment they need, school-based and school-linked health centers have sprung up around the U.S. Close to 1400 school-based health centers nationwide provide affordable, convenient and confidential services, though most side-step contraceptives and abortion counseling as a result of school district policy.<sup>5</sup>

- **Sex education and services through the public health system can also reach out-of-school youth and integrate young people into a system they will use as adults.** In places where school attendance rates are low, governments need to find alternative routes for communicating health information to young people. In India, many girls leave school to marry and there is no institution through which to reach them until they come for prenatal care at the time of their first pregnancy. In contrast, local health clinics in Iran make it their business to identify the young people in their immediate communities and to make sure they receive health education. Parents who elect to teach their own children are given training in how and what to teach.

Health services for youth should not only address the medical aspects of reproductive health, but also relationships and values. Peer educators may complement clinical efforts by providing young people with someone to talk to, and act as a link to sources of information and services.

- **Youth-friendly services are needed to reach young people with information and treatment.** In clinics, as in schools, special training is needed of adult health care providers, who often impose their values on young clients, or are insufficiently sensitive or supportive to make the most of a young person's brief contact with the health system. Mexico has been making an effort to sensitize health workers to young people's needs not only for information and services, but also for privacy and understanding.

- **Recruiting NGOs to support and expand on reproductive health initiatives is critical.** In countries where the government welcomes civil society in national debate and programmatic work, NGOs have played a vitalizing role in work on youth reproductive health. In both Senegal and Mali, NGOs have been actively involved in combating female genital mutilation. In Senegal, community involvement has brought about the end of the practice in a number of villages and led to its outlaw in 1999. Responding to the needs of young people is not the responsibility of government alone: communities, parents, churches and civil society need to join in with efforts to reach them.

- **Gender inequities that expose young people to sexual and reproductive risk must be eliminated.** Girls experience sexual coercion, risky pregnancy, botched abortion and STIs in large part because of gender inequities that condition their sexual encounters. Boys, who are frequently urged into experimentation by others' expectations about what it means to be a man, have difficulty acting on the basis of their own feelings and often end up taking more sexual risks. Reproductive health programs need to question these unstated, yet basic notions that detract so significantly from the health of young people.

- **Specific goals, including financial objectives, should be set in the pursuit of youth reproductive health.** Aiming high is always important, particularly when the objective is to benefit one-half of the world's people. Young people are dependent on the accountability of adult policymakers, program directors, clinicians, teachers and parents. Now is the time to act to safeguard the future of young people everywhere.

#### FOOTNOTES

<sup>1</sup> Agence France Press. "More than 10 million 15-to-24 year olds living with HIV/AIDS: UNICEF." Geneva, June 12, 2001

<sup>2</sup> Morell, Virginia. "Attacking the Causes of 'Silent' Infertility" *Science* 269. 11 August, 1995.

<sup>3</sup> Okoko, Tervil. "At Least 700 Kenyan Girls Abort Each Day." Nairobi, Kenya: Pan-African News Agency, July 26, 2000.

<sup>4</sup> Alan Guttmacher Institute. *Into a New World: Young Women's Sexual and Reproductive Lives*. New York: AGI, 1998.

<sup>5</sup> The Center for Health and Health Care in Schools. "School-Based Health Centers: Results from a 50-State Survey, School Year 1999-2000.htm, last accessed 5/2/01.

