

## Fact Sheet: Adolescent Girls' Sexual and Reproductive Health Needs

*Updated with technical feedback July 5, 2012*

### **FROM CHILDHOOD TO WOMANHOOD: MEETING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF ADOLESCENT GIRLS**

#### **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 school leaving, 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.<sup>1</sup> Moreover, they often do not have access to health care that meets their specific needs.<sup>2</sup>

Today, 88 per cent of adolescents live in developing countries.<sup>3</sup> 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.<sup>4</sup> There is an urgent need to increase investment in 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 impacts on their societies, economies and environments that ultimately affect all of us around the world.<sup>5</sup>

#### **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.**<sup>6</sup> The risk of maternal mortality is higher for adolescent girls, especially those under age 15, compared to older women.<sup>7</sup>

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<sup>1</sup> UNFPA and Guttmacher Institute, "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.

<sup>2</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>3</sup> UNICEF, "The State of the World's Children 2011."

<sup>4</sup> United Nations, "The Millennium Development Goals Report 2011."

<sup>5</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>6</sup> World Health Organization, "Interventions for Preventing Unintended Pregnancies Among Adolescents." Accessed March 13, 2012.

<sup>7</sup> World Health Organization, "Maternal Mortality Fact Sheet," November 2010.

**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 only fuels the intergenerational cycle of poverty and ill health.<sup>8</sup>

**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 up to five times more likely to die in childbirth than women in their 20s.<sup>9</sup>

**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 pressures, 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.<sup>10</sup>

**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 early.<sup>11</sup> 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 more vulnerable to adverse pregnancy outcomes, HIV infection and violence.<sup>12</sup>

**About 16 million girls aged 15 to 19 years give birth every year, accounting for about 11 per cent of all births worldwide.**<sup>13</sup> Less than one-half of these adolescents made four or more antenatal visits or delivered at a health facility.<sup>14</sup>

**Adolescent pregnancies put newborns at risk.** Deaths during the first month of life are 50 to 100 per cent more frequent if the mother is an adolescent than if she is older. The younger the mother is, the higher the risk for the baby.<sup>15</sup>

**Fifteen per cent of all unsafe abortions in low- and middle-income countries are among adolescent girls aged 15-19 years**<sup>16</sup>. In 2008, there were an estimated 3.2 million

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<sup>8</sup> World Health Organization, "Adolescent Pregnancy." Accessed February 18, 2012.

<sup>9</sup> UN General Assembly, "The Girl Child – Report of the Secretary General." 2011

<sup>10</sup> UNFPA and Guttmacher Institute, "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.

<sup>11</sup> UNICEF, "The State of the World's Children 2011."

<sup>12</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>13</sup> World Health Organization, "Fact Sheet on Adolescent Health." Accessed March 13, 2012.

<sup>14</sup> UNFPA and Guttmacher Institute. "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.

<sup>15</sup> World Health Organization, "Adolescent Pregnancy." Accessed March 8, 2012.

unsafe abortions in developing countries among girls aged 15-19,<sup>17</sup> and adolescents are more seriously affected by complications than are older women.<sup>18</sup> Unsafe abortion is responsible for about 13 per cent of all maternal deaths, with adolescents disproportionately affected.<sup>19</sup>

**Young people aged 15 to 24 account for 41 per cent of new HIV infection worldwide.**<sup>20</sup> 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.<sup>21</sup>

### **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.<sup>22</sup> 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.<sup>23</sup>

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.<sup>24</sup> 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 sex education within and outside of schools to teach girls and boys how they can protect their health and to counter misinformation.<sup>25</sup> 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

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<sup>16</sup> Shah, IH, E. Ahman. "Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women." *Reproductive Health Matters* 2012, 20(39): 169-173.

<sup>17</sup> World Health Organization. 2011, WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries.

<sup>18</sup> World Health Organization, "Adolescent Pregnancy." Accessed February 18, 2012.

<sup>19</sup> World Health Organization, "Opening Remarks at the Roundtable with Women Leaders on MDG5." Accessed March 13, 2012.

<sup>20</sup> UNICEF 2011. Opportunities in Crisis: Preventing HIV from early adolescence to young adulthood.

<sup>21</sup> UNICEF, "The State of the World's Children 2011."

<sup>22</sup> UNFPA, "The Case for Investing in Young People," 2010.

<sup>23</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>24</sup> UNFPA, "The Case for Investing in Young People," 2010.

<sup>25</sup> UNFPA and Guttmacher Institute, "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.

access contraceptives.<sup>26</sup> Investing in girls' rights and wellbeing will bring major long-term social and economic benefits.<sup>27</sup>

## **BENEFITS OF ACTION**

**Eliminating child marriage and meeting adolescents' sexual and reproductive health needs would 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.<sup>28</sup>

**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' wellbeing, contributing to increased household income and savings, better family health and improved opportunities for future generations. Combined, their actions can help lift communities and countries out of poverty.<sup>29</sup>

**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.<sup>30</sup>

**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.<sup>31</sup>

**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.<sup>32</sup>

## **WHAT IS UNFPA DOING?<sup>33</sup>**

UNFPA places a strong focus on investing in adolescents and youth's 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 peer education and youth-adult partnerships that enable adolescents to gain knowledge, skills and confidence and to contribute to policy processes at national and international

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<sup>26</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>27</sup> Ibid.

<sup>28</sup> UNFPA and Guttmacher Institute, "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.

<sup>29</sup> Ibid.

<sup>30</sup> World Health Organization, "Adolescent Pregnancy." Accessed February 18, 2012.

<sup>31</sup> Center for Global Development, "Start with a Girl: A New Agenda for Global Health," 2009.

<sup>32</sup> UNICEF, "The State of the World's Children 2011."

<sup>33</sup> UNFPA, "The Case for Investing in Young People," 2010., UNFPA website, "Adolescents and Youth." Accessed February 18, 2012.

levels. UNFPA also advocates for laws and policies that support young people, especially those who are socially marginalized and living in poverty.

UNFPA's work to meet the sexual and reproductive health needs of adolescent girls focuses 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, and supportive 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 co-chairs the UN Adolescent Girls Task Force, which promotes the rights of adolescent girls, especially the most marginalized, to reach their full potential.

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To learn more about UNFPA's work, please visit [www.unfpa.org](http://www.unfpa.org).