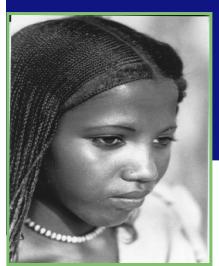
Ensuring the sexual and reproductive health of adolescents and youth: Have we kept the promises we made?



Keynote address to the 45th session of the Commission on Population and Development



Shireen J. Jejeebhoy





- We have made many commitments, but have these commitments been translated into reality?
- Are our young people making a successful transition to adulthood in this globalised and fast moving century?
- Can we meet MDGs 2, 3, 4, 5 and 6
 if we have not made significant
 progress in meeting ICPD's
 promises to young people?





Our first promise



Every young girl and boy has realised their right to education, has had at least a high school education



The promise

- Universal access to quality education
- Eliminating gender disparities in access to and support for education
- Achieving the widest and earliest possible access by girls and women to secondary education

 --paras 4.18; 6.7c, 11.5

Source: United Nations, 2011



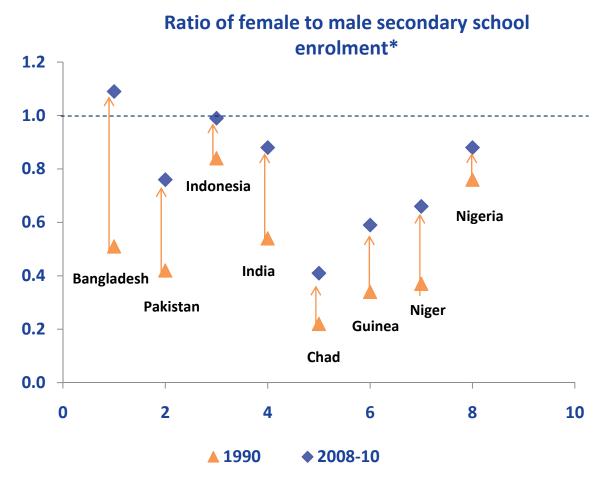
The reality

- Only 87 out of 100 children in developing countries complete primary school
- Being poor and female are among the most pervasive factors keeping children out of school

The transition to secondary school eludes many and the gender gap remains wide

The reality

- Just 2 in 5 boys and 1 in 3 girls in Sub-Saharan Africa have completed secondary school
- Only 3 in 5 boys and half of girls have done so in South Asia
- And while the ratio of girls to boys in secondary school has improved in most countries, it remains below one in many countries



* 1.0 = Equal number of girls and boys

Source: UNESCO Institute for Statistics (UIS)



Our second promise

Child marriage is eliminated, and every young person marries when s/he wants with free and full choice

Child marriage persists

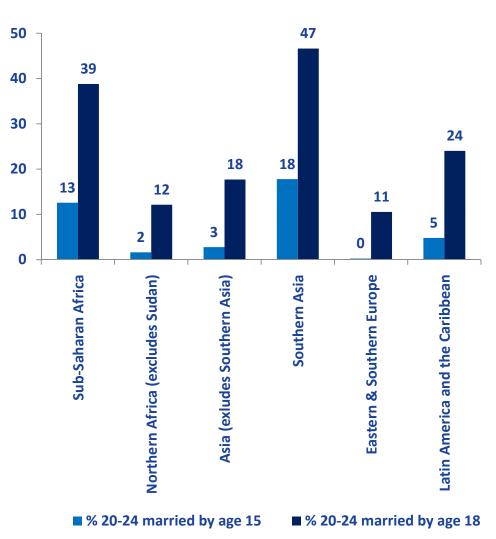
The promise

Governments are responsible for ensuring that marriages do not take place in childhood and that marriages are entered into only with the free and full consent of both spouses. (para 4.21, 5.5, 6.11)

The reality

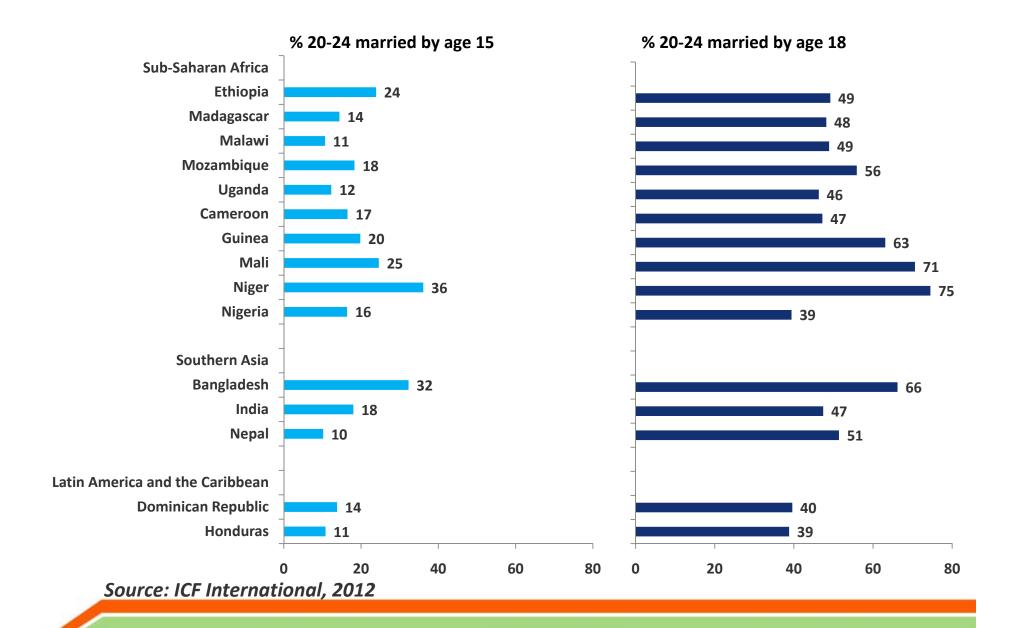
Child marriage continues: in SSA and SA, 2 in 5 to 1 in 2 of young women aged 20-24 married as children (<18), and 1 in 5 to 1 in 6 even before age 15

% of 20-24 year-old women married by ages 15 and 18



Source: ICF International, 2012; data not available for China

Child marriage, selected countries



The reality

Lack of free and full choice for many child brides

"I wanted to get an education but my parents were determined to marry me off....I tried to run away but my mother said she would kill herself if I did not marry him." (child bride, Ethiopia)



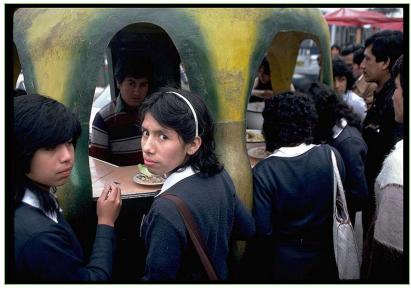


"After marriage I had to restrict myself to housework. I stopped going out. I had to ask permission for everything, even what to cook and when to eat. I felt as if I was in a jail" [child bride, India]

Source: Ross, 2011; Santhya, Haberland and Singh, 2006

Our third promise





The right to health is respected and every young person has access to health services, including counselling and health services for sexual and reproductive health of appropriate quality and sensitive to adolescents' concerns

The promise

- Promotion 'to the fullest extent' of the health of young people.... 'the world's future human resources'
- Meeting their special needs 'for......
 health, counselling and high-quality
 reproductive health services'
- Specialised training of providers to ensure that services are provided that are of good quality and sensitive to the needs of the young (para 6.15), and 'safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent'

-- paras 6.7(a), 6.7(b), 6.15, 7.45

The reality

- Early and rapid childbearing
- Unmet need for counselling, contraception, pregnancy and infection related services
- Poor quality of care

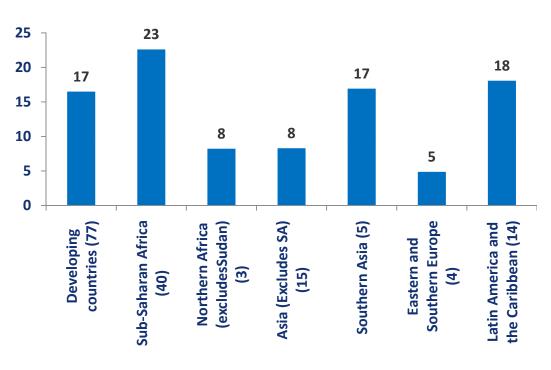


Children are bearing children

The reality

- 1 in 6 girls aged 15-19 in developing countries have initiated child bearing
- And early childbearing is accompanied by rapid childbearing: of those aged 15-24, 1 in 6 in SSA and 1 in 8 girls in SA have had 3 or more births

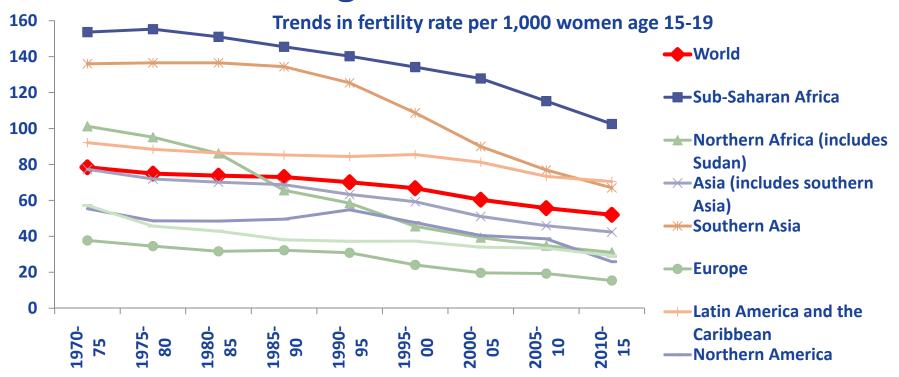
% of 15-19 year olds who have initiated childbearing



Number in parentheses refers to number of countries

Source: ICF International, 2012, data refer to 1994-2010

Children are bearing children



The reality

•Age specific fertility among 15-19 year olds is higher today in Sub-Saharan Africa and Southern Asia, than it was in the world as a whole 40 years ago

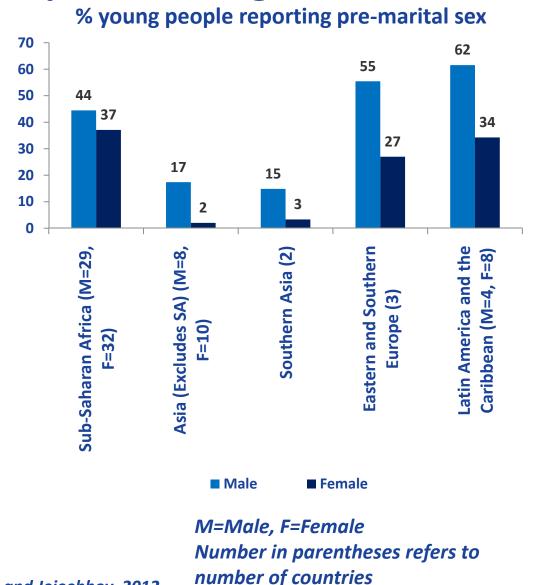
Source: United Nations, Department of Economic and Social Affairs, 2011

Sexual relations do take place among the unmarried

The reality

- •2-37% of young women and 15-62% of young men aged 15-24 had engaged in sexual relations prior to marriage
- Even in a traditional setting such as India, 3% of young women and 15% of young men aged 15-24 reported pre-marital sex

"Very few boys and girls get a chance to have physical relations and if they get a chance, they don't let it go" (Boys' group, India)



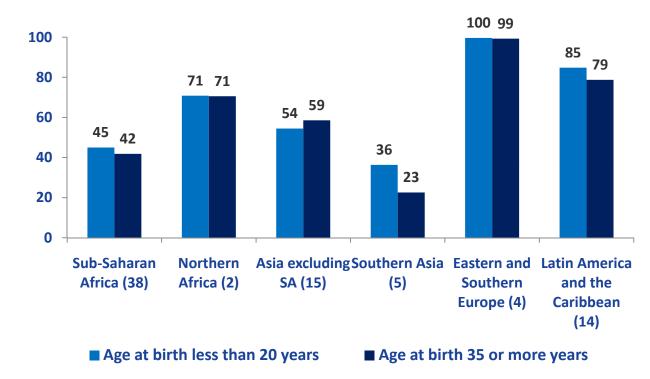
Source: ICF International, 2012; Santhya and Jejeebhoy, 2012

Institutional delivery is limited

% young women aged 15-24 and 35 or more years who delivered at an institution

Not all young women have an institutional delivery

- Just 45% in SSA
- Just 36% in SA

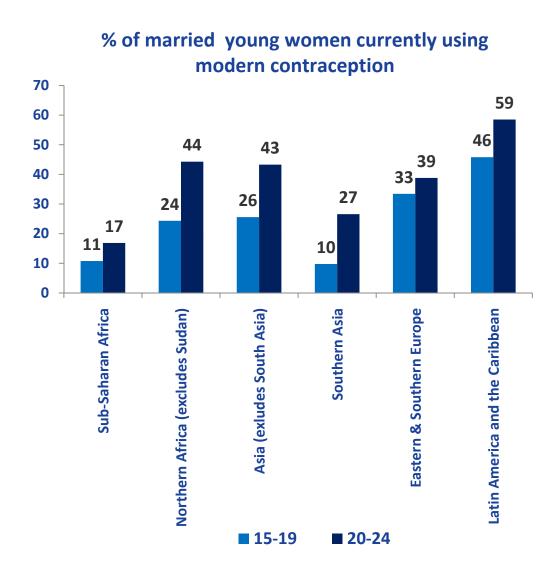


Number in parentheses refers to number of countries

*Births in three years preceding the survey; Source: ICF International, 2012

Contraceptive use patterns

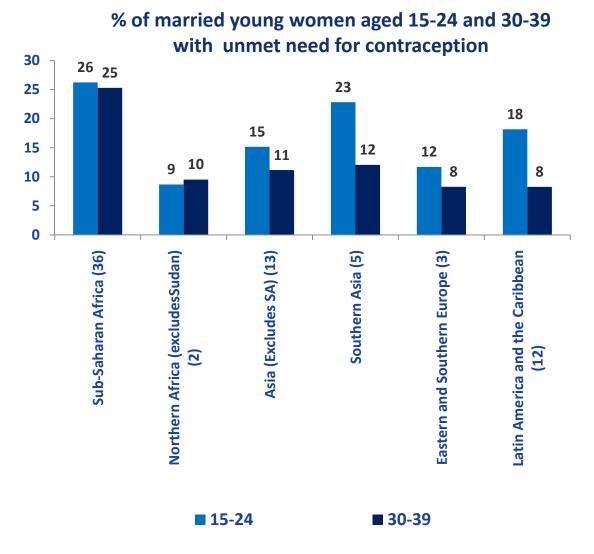
- Contraceptive use among adolescents aged 15-19 has increased over time
- Overall contraceptive prevalence is relatively low among married young women (aged 15-24) in Asia and Africa, for example, one quarter or fewer married girls have used contraception
- Compared to adults, consistent use among adolescents is limited, method failure and discontinuation are more likely to be observed



Source: ICF International, 2012; Cleland, Ali and Shah, 2006; Blanc et al., 2009

Unmet need

- •1 in 4 of married young women aged 15-24 in Sub-Saharan Africa and Southern Asia, and 1 in 5 of those in Latin America and the Caribbean reported an unmet need for contraception
- Unmet need for contraception remains much higher among the young than the adult population in many settings



Number in parentheses refers to number of countries

Source: ICF International, 2012

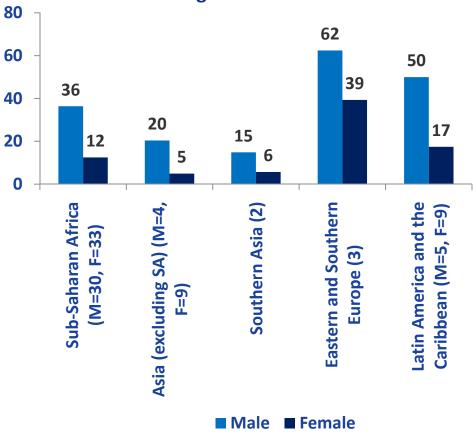
Sexual relations among the unmarried are unprotected

for many

The reality

- Condom use limited; higher among sexually active boys than girls in every region
- SSA: median increase of 1.4 percentage points per year in condom use by unmarried young women
- Many obstacles:
 - "Health care providers ask too many questions" (Boys, India)
 - "We prefer quacks because we feel shy to go to the hospital; ... hospital officials will reveal our secrets to others" (Boys, Ghana)
 - Many have no idea where to get condoms and girls are less likely than boys to know

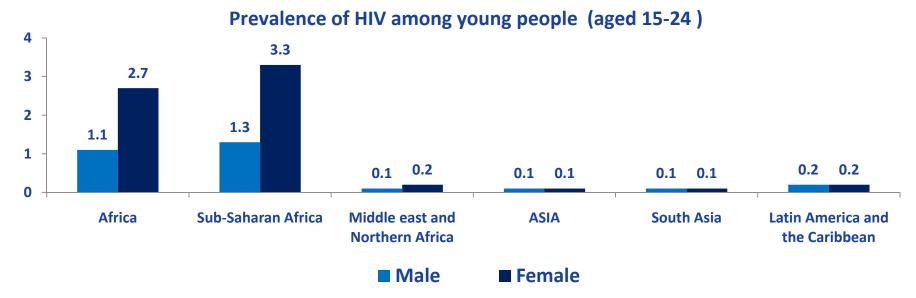
% sexually active youth aged 15-24 reporting condom use during last sex in the last 12 months



M=Male, F=Female Number in parentheses refers to number of countries

Source: ICF International, 2012; Biddlecom et al., 2007; Santhya and Jejeebhoy, 2012

HIV among the young



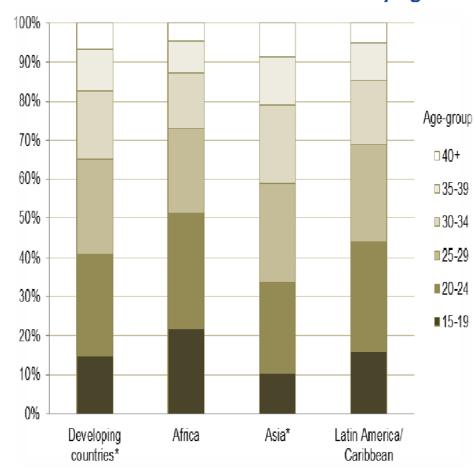
- •An estimated 5 million young people aged 15-24 living with HIV in 2009
- •Epidemic among the young is hugely feminised: almost twice as many young people living with HIV are young women globally
- •Globally, HIV prevalence among the young ranges from 0.3% among young men to 0.6% among young women
- •In SSA, from 1.3% among young men to 3.3% among young women

Source: UNAIDS, 2011; UNICEF, 2011

Unintended pregnancy and abortion: yet another consequence of unsafe sex among the young

- •9 million or 41% of the nearly 22 million women worldwide who have an unsafe abortion each year are 15-24
- About half of these take place in Africa
- Many young women suffer the negative health and social consequences of unsafe abortion

Distribution of unsafe abortion by age



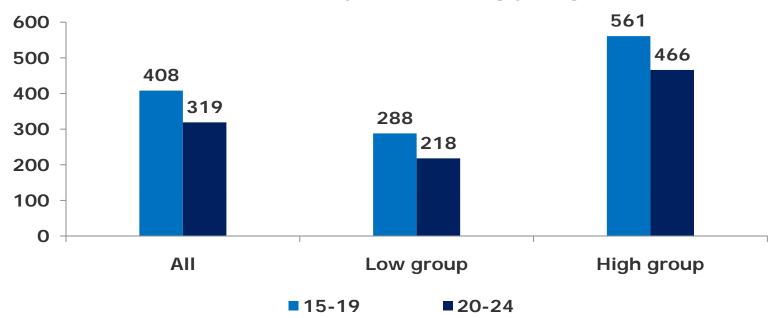
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*excludes E Asia

Sources: WHO, 2011; Shah et al., 2012

Maternal mortality among the young

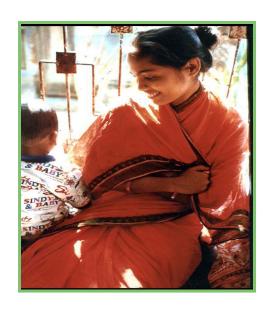




- Because of child marriage, unsafe and unprotected sex, and inadequate care during pregnancy, maternal mortality is 28% higher among adolescents than those aged 20-24
- Adolescents are also far more likely than older women to experience infant deaths than their older counterparts

Source: Blanc et al., 2012 *low group: MMR<500; High group: MMR>500

Our fourth promise



person is equipped with health promoting information





The promise

Support should be given to integral sexual education for young people... to help them understand their sexuality and protect them from unwanted pregnancy, infections

----paras 7.37, 7.41, 7.46





The reality

Although young people thirst for information about sexual matters, they remain abysmally misinformed about how pregnancy happens and how it can be prevented, or what happens in relationships and marriage and so on

Limited health promoting awareness

- In low and middle income countries, only 24% of young women and 36% of young men aged 15-24 have comprehensive knowledge about HIV, far below the global target of 95% by 2010
- In Asia and Africa, comprehensive knowledge is reported by far more boys than girls
- •In India, just 2 in 5 young people know that a woman can get pregnant the first time she has sex; just 3 in 10 girls know that one male condom can be used just once

Comprehensive knowledge* about HIV/AIDS among young people 4844 **50** 37 40 40 34 2725 30 **17** 20 10 **Sub-Saharan Africa** Northern Africa (M=2, Asia (Excludes SA) Southern Asia (M=4, **Europe (13)** Caribbean (M=14, F=15) Latin America and the (M=14, F=15) (M=39, F=42) Male ■ Female

> M=Male, F=Female Number in parentheses refers to number of countries

Source: UNAIDS, 2011; IIPS and Population Council, 2010

^{*}Knows 2 ways of preventing HIV and rejects 3 misconceptions

Providing sexuality education to the young: Laying out the evidence

- Abstinence only programmes are ineffective and withholding information about contraceptives actually places young people at increased risk of pregnancy and infection
- Comprehensive sexuality programmes not only reduce misinformation but also increase young people's skills to make informed decisions about their health -- delaying first sex, reducing the number of partners, using contraception or condoms. Risky sexual behaviour was reduced by roughly one fourth to one third
- Not a single study found evidence that providing young people with this education resulted in increased risk taking

Source: Boonstra, 2011; Kirby, 2008



Our fifth promise

Girls are supported in acquiring social support and skills to realise sexual and reproductive health and rights, and gender egalitarian roles and attitudes are fostered among the young

The promise

To enable girls to acquire protective assets and claim their social, economic and health rights; advocate for enabling adolescent boys and girls to internalise and practice gender egalitarian norms and actions

----paras 6.15, 7.41, 7.43, 7.47



The reality

- Compared to adolescent boys, adolescent girls' networks of friends are limited
- Just 11% of married young women aged 15-24 in Sub-Saharan Africa, 35% of those in Southern Asia, and no more than half of those in the rest of Asia displayed decision making autonomy
- Few girls have access to safe and social spaces outside their home and the school in which they can meet their friends, develop key skills and the knowledge required to realise their rights

Source: Hallman and Roca, 2007; ICF International, 2012

Adherence to gender unequal norms evident even among the young

The reality

- "They say that only boys should [study], because they're more intelligent. Some people tell my father, "Don't support her studies because she won't do what you want, you'll only waste your money and she'll get married and won't finish school...." . (Girl, aged 12, Guatemala)
- "It is more important for boys to complete their education than girls because boys have to do a job and girls don't have to do so." (Boy, aged 10, rural India)

Source: Hallman and Roca, 2007; Santhya and Jejeebhoy, 2012

Our sixth promise



Young people, girls in particular, are protected from all forms of violence



The promise

Countries must protect young people, especially women, from violence and abuse, and protect the safety of women in abusive relationships (paras 4.28, 6.9, 7.39, 7.47)





The reality

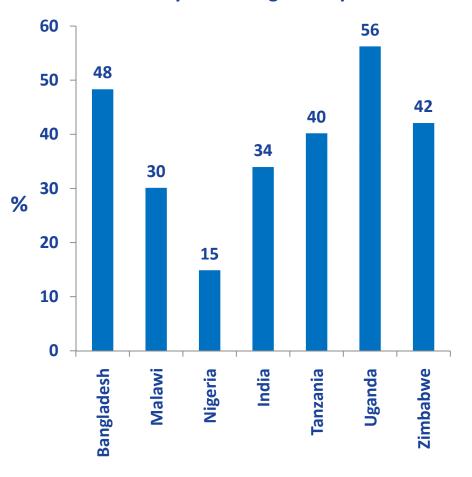
Violence remains a way of life for many young women, perpetrated largely by husbands and partners

Violence within marriage

A large proportion of married young women (aged 15-24) have experienced physical or sexual violence in marriage: More than 1 in 2 of those in Uganda, and 1 in 3 to 1 in 2 in Zimbabwe, Tanzania, India and Bangladesh

"I was married at an early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. This is what I hate most." (Ethiopia, girl aged 11, betrothed at age 5)

Experience of physical or sexual violence during the last year among 15-24 year olds



Source: DHS various country reports; Muthengi and Erulkar, 2011

Violence among the unmarried

- •First sexual experience was non-consensual for a low of 2% of girls in Azerbaijan to a high of 64% in the Democratic Republic of the Congo
- •In Ghana, Malawi and Uganda and in India, almost 1 in 5 girls aged 15-19 who had ever had sex reported that their first sexual experience was forced or at their partner's insistence

"After he forced me [to have sex], he started sending my friend, a girl, [to talk to me], because he knew I was mad at him and did not want to see him again. My friend convinced me that such things happen to every girl, so I should get used [to it]. So I forgave the boy and went back." (Girl aged 15, Uganda)

"One day, he told me that he wanted to introduce me to his relatives who would help in getting us married. . . . I went there. He was alone. He locked the door; he threatened me saying how could he marry me if I behaved like this. He beat me when I tried to get out . . . " (Girl aged 19, India)

Source: Santhya et al., 2011; Biddlecom et al., 2007



Our seventh promise

Young people grow up in a safe and supportive environment



The promise

Young people have the right to be cared for, guided and supported by parents, families and society; they should support and guide young people in adopting health promoting practices (Principle 11, para 7.37)



Source: WHO 2007



The reality

Although parents and families matter, the key dimensions of parents' roles that influence young people's health and development are often missing in parent-child relationships

The reality

Parents rarely provide young people information or guidance with regard to SRH matters

- •Fewer than 2 in 5 girls and 1 in 10 boys in Burkina Faso reported communication with parents
- •Fewer than 1% of girls and boys in India had discussed reproductive processes with a parent



Source: Biddlecom et al., 2007; Jejeebhoy and Santhya, 2011

The reality

"I think some people ask their peers about sex because when they ask their parents, they might think they want to do such things. They will think they are naughty, so they turn to their peers." (Boys group, Ghana)

"The children are afraid to talk to me about these topics." (Mother, Burkina Faso)

"No. One should not tell their children about all these things; one should let them learn about these things after they get married." (Mother, India)



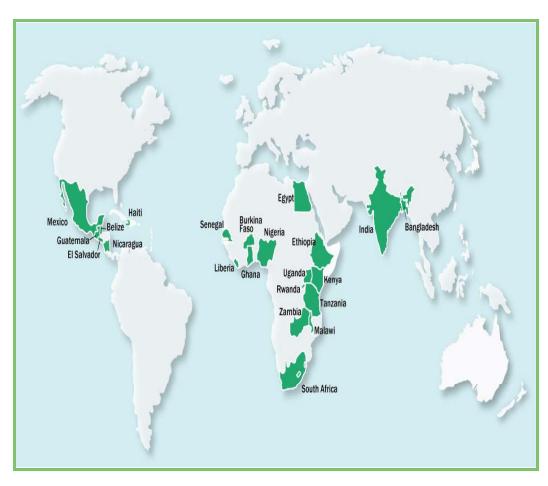


Source: Biddlecom et al., 2007; Jejeebhoy and Santhya, 2011

Encouraging signs

- More policy and programme commitment to investing in young people
- This generation of young people is healthier, better educated, more exposed to new ideas and better equipped to enter a rapidly globalising world than earlier ones
- •There have been small but successful pilot projects that have demonstrated promising signs that change is possible

Promising pilots implemented by the Population Council



Source: Population Council, 2012

Moving Forward: Priorities for action

Help adolescents, girls in particular, to stay in school

 Ensure young people's access to age-appropriate health information and services

Promote adolescent girls' leadership skills

Change adult mindsets



INVEST MORE IN YOUNG PEOPLE







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