

Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries

- Adolescents have a right to health care—including sexual and reproductive health services—and to receive accurate information and confidential services. Yet these rights remain unfulfilled in many developing countries.
- Access to sexual and reproductive health services enables adolescent women to have their first birth at the time they desire, achieve healthy spacing of later births and have the number of children they want; to receive the pregnancy care they need and have healthy babies; and to have healthy sexual lives, free from HIV and other STIs.
- However, many barriers—such as social norms, legal restrictions, inadequate availability of services and negative attitudes from providers—prevent adolescent women from obtaining sexual and reproductive health services.

MARRIAGE, SEXUAL ACTIVITY AND CONTRACEPTIVE USE

- In the majority of African countries, more than one in five adolescent women aged 15–19 have ever been married. Although fewer than 20% of adolescent women have ever married in most countries in Asia, levels are higher than average in Bangladesh (46%), Nepal (29%) and India (28%). In Latin America and the Caribbean, 13–28% of adolescent women have ever been married.
- Substantial proportions of never-married adolescent women in Africa and Latin America and the Caribbean are sexually active (10–50% in almost all countries in these regions). Unless they effectively use contraceptives, adolescents may be at risk of unintended pregnancy, HIV and other STIs.

lescents may be at risk of unintended pregnancy, HIV and other STIs.

- Married adolescent women in Latin America and the Caribbean report the highest current modern contraceptive use (24–67%). In Asia, the proportions using modern contraceptives tend to be low, although the range is wide (0–52%). In more than two-thirds of African countries, levels are below 20%.
- The proportion of married adolescent women who have an unmet need for contraception—that is, those who are sexually active, are able to bear children and do not want to become pregnant in the next two years, but who are not using any method of contraception—varies widely within and across regions. In all regions, unmet need tends to be greatest among adolescent women who are not married, who reside in urban areas or who come from wealthier households.
- Adolescent women who have an unmet need for contraception report that their most common reasons for not using contraception are infrequent sex or not being married. The latter reason likely refers to the stigma that unmarried women often face when seeking contraception. Adolescent women also report access-related reasons, health concerns and worries about side effects.

HIV, OTHER STIS AND CONDOM USE

- Critical knowledge gaps exist, especially in Africa and Asia, regarding where to obtain contraceptive methods (including condoms) and where to go for an HIV test. The proportion of adolescent women

with this knowledge is higher in Latin America and the Caribbean.

- In most African countries, 21–50% of never-married sexually active women report using a condom at last sex in the past 12 months. In Latin America and the Caribbean, condom use among this group is higher, ranging from 34% to 74%, in most countries.
- HIV prevalence among 15–24-year-old women is highest in Africa, particularly in the Southern and Eastern subregions. It is low throughout Latin America and the Caribbean, and lowest in Asia.
- Most adolescent women have not been tested for HIV. However, of those who are tested, the majority (at least 80%) receive their results.
- Most adolescent women with an STI or STI symptoms do not obtain care from a health facility, and the proportions not receiving care are higher in Asia and Africa than in Latin America and the Caribbean.

PREGNANCY, CHILDBEARING AND ABORTION

- Many adolescent women aged 15–19 have already begun bearing children. In Africa, there is wide variation, from 1% in Tunisia to 49% in Central African Republic. Fewer than 20% have begun childbearing in Asia, except in Bangladesh (30%). In Latin America and the Caribbean, the proportion who have begun childbearing ranges from 13% in Peru to 24% in Honduras.
- More than half of recent births to women younger than 20 were unplanned

in the majority of countries in Latin America and the Caribbean. In a third of countries in Africa, at least 40% of births among this group were unplanned. Levels were lower in Asia, ranging from 1% to 32%.

- The most recent research on unsafe abortion estimates that in 2008, about 3.2 million adolescent women in developing regions underwent unsafe abortions, at an annual rate of 16 unsafe abortions per 1,000 women aged 15–19. The rate is estimated to be 26 per 1,000 in Africa, 9 per 1,000 in Asia (excluding East Asia) and 25 per 1,000 in Latin America and the Caribbean.

- According to published studies, adolescents who want to end their pregnancy typically take longer than adult women to realize they are pregnant, and these adolescents consequently have abortions later in gestation. Adolescent women are also more likely than older women to seek abortion services from untrained providers or self-induce, and they typically know less about their rights concerning abortion and postabortion care.

- Adolescents cite cost, a desire to keep the abortion secret and difficulty locating a safe provider as their main reasons for seeking unsafe or self-induced abortions.

MATERNAL HEALTH CARE

- While in most countries more than 75% of women giving birth before age 20 receive some antenatal care from a skilled provider, far fewer receive that care early in their pregnancies and make the

recommended minimum of four antenatal visits.

- Of recent births to women younger than 20, the proportion attended by a skilled professional varies widely across countries in Africa (13–94%) and Asia (30–100%). Except in Haiti (44%), the proportion in Latin America and the Caribbean countries is consistently high (at least 79%).

- In Africa, among women giving birth before age 20, the main reason for not delivering in a health facility is access—cost, facilities' not being open or being too far away, poor-quality services, lack of a female provider and lack of service provision. In Asia, cultural reasons—such as objections from the husband or family or the view that this care is unnecessary or not customary—are most prominent in Nepal (73%) and India (80%). In Latin America and the Caribbean, 59–67% report access-related reasons and 1–34% report cultural reasons for why their delivery did not occur in a health facility.

RECOMMENDATIONS

- At a minimum, adolescents need sexual and reproductive health information and education that is medically accurate, complete and developmentally appropriate. Research shows that comprehensive sexuality education can increase behaviors that protect sexual health.

- Requirements that a parent or guardian provide authorization for adolescents to receive sexual and reproductive health services should be eliminated, and financial barriers to contra-

ceptive use should be reduced. Services must be equitable, accessible, acceptable, appropriate and effective for all adolescents, including those who are disadvantaged.

- Adolescents need better access to condoms, greater knowledge about condom use and a social environment that does not stigmatize condom use—all critical to preventing the spread of HIV and other STIs.

- All pregnant adolescents must be educated on the value of obtaining professional antenatal care. Women who receive adequate antenatal care are more likely to be linked to other important services, including institutional delivery. Antenatal care and institutional delivery are critical in identifying and addressing complications, thus preventing maternal morbidity and mortality.

- Programs and policies addressing the provision of abortion and postabortion care must be sensitive to the particular needs of adolescents. Since many adolescents have no independent income, services should be affordable or free of charge. And because fear of disclosure may keep adolescents from seeking the services they need, it is also critical that providers receive training on the importance of maintaining confidentiality.

SOURCE

The data from this fact sheet are drawn from Woog V et al., Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries, New York: Guttmacher Institute, 2015, <http://www.guttmacher.org/pubs/Adolescent-SRHS-Need-Developing-Countries.pdf>.

This fact sheet was made possible by a grant from the Dutch Ministry of Foreign Affairs. The findings and conclusions are those of the authors and do not necessarily reflect the positions or policies of the donors.



125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org