

Adolescent Sexual Behavior and Reproductive Outcomes In Central America: Trends over the Past Two Decades

By Ghazaleh Samandari and Ilene S. Speizer

Ghazaleh Samandari is a doctoral candidate, and Ilene S. Speizer is research associate professor, both in the Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.

CONTEXT: Compared with the Latin American average, adolescent fertility is high in El Salvador, Guatemala, Honduras and Nicaragua, countries that also have high poverty levels and poor access to reproductive health care.

METHODS: For each country, data were drawn from four national health surveys conducted between 1987 and 2007, and analysis focused on trends in sexual and reproductive behavior among adolescent females aged 15–19. Event history analysis examined transitions to first sexual intercourse, first union and first live birth across survey years; Cox hazard and logistic regression analyses assessed associations between selected demographic characteristics and these outcomes, as well as ever-use of a modern contraceptive method.

RESULTS: The likelihood that adolescent females have initiated sexual intercourse has increased over time in El Salvador, Honduras and Nicaragua, and has remained stable in Guatemala. Meanwhile, the odds of having entered their first union have declined in Nicaragua and risen in El Salvador, but have not changed in Honduras or Guatemala. Notably, the likelihood that adolescents have ever used a modern contraceptive method has increased in all four countries over the survey years. Nicaraguan adolescents became significantly less likely to have had their first live birth over the study period. Finally, urban residence, education level and socioeconomic status were important predictors of adolescents' sexual and reproductive outcomes.

CONCLUSIONS: Programmatic and policy initiatives should focus on improving adolescents' education and socioeconomic prospects, and efforts are especially needed to help adolescents delay the age at which they become sexually active and enter their first union.

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Despite recent global declines in the rate of early childbearing, adolescent childbearing is a persistent challenge in many countries. Early motherhood is widely recognized as having negative consequences for the health of the young woman and her infant, as well as for their future economic, educational and social prospects.^{1–4} These risks are particularly important in regions such as Central America, where poverty levels are high and access to resources is low.^{5–7}

Compared with older mothers, adolescent mothers are at an increased risk of pregnancy-related complications; maternal mortality among adolescents aged 15–19 is twice as high as that among older women.^{8–11} Each year, 2.5 million adolescents worldwide undergo unsafe abortions, which put them at additional risk of adverse outcomes.^{12–14} In addition to these physical health risks, adolescent mothers attain lower levels of education, have fewer economic opportunities and experience higher rates of poverty,^{2–4,15} and their children are at increased risk of neonatal mortality, preterm birth, low birth weight and developmental delays.^{16–21} Furthermore, the children of adolescent mothers are more likely to suffer neglect and malnutrition, often due to the poorer social and economic status of their mothers.^{22,23} Such children also face elevated risks of low educational attainment and of teenage parenthood.^{24–26}

Adolescent fertility is high in Central America: The lat-

est national health surveys from 2002–2007 indicate that fertility rates for 15–19-year-olds are 137 births per 1,000 women in Honduras, 119 in Nicaragua, 114 in Guatemala and 104 in El Salvador, while the Latin American average is 75 births per 1,000 women aged 15–19.^{27–31} Although these four countries have experienced modest declines in total fertility rates over the last two decades, the rate of childbearing among adolescents remains extremely high. The already low levels of socioeconomic status and health care accessibility among these populations are further exacerbated by early childbearing.

According to a recent assessment of the UN Millennium Development Goals in Latin America, El Salvador, Guatemala, Honduras and Nicaragua are far from achieving their goals of reducing maternal and infant mortality.³² Maternal mortality ranges from 170 deaths per 1,000 women in El Salvador and Nicaragua to 280–290 deaths per 1,000 women in Honduras and Guatemala.³¹ These numbers have changed little in recent years, and evidence suggests that maternal mortality ratios are persistently higher among adolescents than among adult women.⁸ Infant mortality in Guatemala and Honduras also remains elevated in relation to Latin America overall, despite declines over the past decade (30 and 28 deaths, respectively, per 1,000 live births vs. 22 deaths per 1,000 live