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Promoting and safeguarding the sexual and reproductive health of adolescents

In 2005, there were 1.21 billion adolescents (people aged 10–19 years) in the world – the largest-ever number in the history of mankind. Population in this age group is estimated to continue to increase until the year 2040, to finally reach 1.23 billion (1). Addressing the sexual and reproductive health needs and problems of adolescents is a crucial element of the WHO Global Reproductive Health Strategy (2). In many parts of the world the sexual and reproductive health needs of adolescents are either poorly understood or not fully appreciated. Evidence is growing that this neglect can seriously jeopardize the health and future well-being of young people (3, 4). This policy brief is intended for policy-makers, programme managers and others engaged in the planning and implementation of programmes on sexual and reproductive health. It highlights what needs to be done to promote and protect the sexual and reproductive health of adolescents.

What is adolescence?

Adolescence is a period of transition from childhood to adulthood. During these years, following puberty, young people gradually mature to become adults, but do not generally assume the privileges, roles and responsibilities commonly associated with adulthood. Nonetheless, this is the age when most people begin to explore their sexuality and have sexual relationships.

What sexual and reproductive health problems affect adolescents?

Sexual activity during adolescence (within or outside marriage) puts adolescents at risk of sexual and reproductive health problems (5). These include early pregnancy (intended or otherwise), unsafe abortion, sexually transmitted infections (STIs) including HIV, and sexual coercion and violence. In addition, in some cultures, girls face genital mutilation and its consequences.

In developing countries as a whole (excluding China), one woman in five gives birth before the age of 18; this rate rises to one in two in some countries (6). Pregnancy-related problems constitute a leading cause of death for adolescents aged 15–19 years, with complications from unsafe abortion and childbirth representing the major contributing factors. In sub-Saharan Africa, for example, young women under the age of 25 account for nearly 60% of all unsafe abortions (7).

One third (more than 100 million) cases of curable STIs are contracted each year by women and men younger than 25 years, and 10 million of them are currently living with HIV/AIDS. Nearly half of 4.9 million new HIV infections each year occur among those aged 15–24, with a higher rate of incidence in young women than in young men.

In some parts of the world, 3 million girls and young women are subjected each year



to genital mutilation – the ritual cutting of female genitalia (8). In addition, sexual coercion is a widespread phenomenon, and in some countries between 20% and 48% of young women aged 10–25 years have been forced to have sex (9).

What factors contribute to these problems?

A multitude of complex factors contribute to the sexual and reproductive health problems of adolescents.

Unprepared and unable to protect themselves

Many sexually active adolescents lack the knowledge needed to avoid STIs and unintended pregnancies. Almost universally, they lack timely access to health-care products (such as condoms and other contraceptives) that they need to protect themselves, or to the health-care services they need when they fall ill. Even if they have access to condoms, girls and young women are often unable to negotiate their use with their partners.

Under pressure to marry and bear children early

In some parts of the world, girls are still expected to marry and begin childbearing in their early or middle teenage years. Many lack information and support and are unable to obtain the health services that they and their babies need, which greatly heightens their vulnerability.

Unable to refuse unwanted sex or resist coercion

The number of girls and young women (and to some extent boys) around the world who are subjected to violence, including sexual violence, is staggering. Many victims bear this burden in silence. Even when their plight is disclosed, families are often reluctant to act because of the fear of bringing shame and stigma upon themselves. Health-care providers are often ill-equipped to deal with this problem.

Compelled to undergo female genital mutilation

Despite efforts to eradicate female genital mutilation, this harmful practice still per-

sists in some countries in North and West Africa, the Middle East and South-East Asia. Families continue with the practice in a bid to get their daughters accepted in the social life of their communities in conformance with prevailing social and cultural norms.

Subjected to gender double standards

Double standards with regard to male and female sexual behaviour are widespread in many societies. For example, risky sexual behaviour of boys is often condoned, while girls are denied even the basic sexual and reproductive health information and services. Among other things, these double standards severely restrict women's ability to negotiate safe sex.

Constrained by restrictive laws and policies

Laws and policies in much of the developing world continue to remain indifferent to the sexual and reproductive health needs of adolescents. Policy barriers limiting adolescents' access to services continue to hamper the progress in promoting and safeguarding their sexual and reproductive health.

Deprived of appropriate health-care services

Health systems in much of the developing world remain ill-equipped to deal with issues related to adolescent sexual and reproductive health. In many places, services for sexual and reproductive health care are lacking for all, adolescents and adults alike. In many others, where they are available, restrictive laws and policies may prevent them from being accessed by certain adolescents (e.g. those unmarried). Even where there are no restrictions on the use of services, adolescents may not always be able to use them for a variety of reasons, such as distant location, cost, inconvenient opening hours, perceived unfriendly and judgmental attitude of service staff, and lack of confidentiality.

What needs to be done to promote and safeguard the sexual and reproductive health of adolescents?

Various government sectors – health, education, social welfare, justice, etc. – need to work together to address the needs and

problems of adolescents. The Ministry of Health has a central role in making this happen. For a start, the Ministry should gather all the facts and figures needed to define a clear national/local picture of the sexual and reproductive health of adolescents. Second, the Ministry should bring together different stakeholders and help them develop a common understanding of this sensitive area based on the available facts and figures. Once this is achieved, the Ministry of Health should chart out appropriate evidence-based policies to guide the work of the health and other sectors.

Providing information, education and support

Parents and teachers, with the support of the community, have the main responsibility for providing adolescents with the information they need to protect themselves from sexual and reproductive ill-health. Once informed, adolescents too can play an important role in passing on the information to their peers. The needs of adolescents who are no longer in school must be kept in mind in developing information dissemination plans aimed at adolescents.

Providing adolescents with age-appropriate sexual and reproductive health information empowers them to make responsible decisions regarding sexuality, thereby reducing the number of unintended pregnancies and STI incidence (10). Educating adolescents about sexual health and/or HIV/AIDS does not encourage them to increase sexual activity. It is best to start such education before the onset of sexual activity. Health Ministries have a key role in elaborating and providing appropriate education material and in engaging and supporting other government departments (such as education) to carry out effective sexual health education programmes (11).

Providing appropriate sexual and reproductive health services

The Ministry of Health should spearhead efforts to overcome the barriers mentioned above (see Deprived of appropriate health-care services), ensuring especially that adolescents have access to condoms and

emergency contraception. New service delivery formats should be piloted, including the use of non-clinical settings or referrals using coupons or vouchers. The utilization of services by adolescents can be greatly increased by training health workers to be nonjudgemental and empathetic, making health facilities user-friendly and obtaining the support of community leaders for the provision of health services to adolescents (12).

Breaking the silence about sexual coercion and violence

Adolescents must be protected against sexual coercion and empowered to fight it – either on their own or, when required, with the help of others. At the wider societal level, laws against coercion should be passed and energetically enforced. Public opinion should be mobilized to reject it fiercely. At the community level, steps should be taken to protect young people (especially girls and women) against sexual harassment and coercion in educational institutions, work places and in other community settings. Education and counselling for young people should cover ways to overcome gender double standards and respect for the rights of, and choice made by, individuals (3). The Ministry of Health should strive to engage other key government departments (e.g. criminal justice and education) in this effort. They should also engage community-based organizations to challenge and change the norms that condone non-consensual sex.

Stepping up the fight against female genital mutilation

Female genital mutilation should be forbidden by law. In addition, community mobilization programmes should help families to understand how it damages the health and well-being of girls and women, and what they need to do to put an end to it. The Ministry of Health should advocate for the formulation (and enforcement) of laws to ban this harmful practice. Efforts should also be made to mobilize community leaders against the practice (13).

Preventing early pregnancy and making pregnancy as safe as possible

Depending on the setting, the prevention of early pregnancy may require the enactment of laws specifying a minimum age for marriage. In addition, it would be necessary to mobilize public opinion in favour of giving girls time to mature physically and emotionally before becoming wives and mothers. These measures should be backed by the provision of fertility regulation information and services (including emergency contraception). Adolescents who are pregnant should receive proper antenatal care; where abortion is permitted by law, pregnant adolescents should be able to access safe abortion services if they so desire.

The Ministry of Health should contribute to efforts to educate the public on the hazards of early pregnancy. The Ministry should also advocate for the formulation and enforcement of laws that specify a minimum age for marriage, and for initiatives aimed at providing girls and young women with opportunities to learn skills needed to earn a living. Also, the national health system should reach out with contraceptive information and services – including emergency contraception – and ensure that adolescents who are pregnant (within or outside marriage) receive the health information and services they need to prevent mortality and morbidity during pregnancy and child-bearing (4).

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