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Young Women's Sexual and Reproductive Lives

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Young women, or adolescent girls, are a world within themselves. Though the spark of extensive economic reforms and globalisation in the last few decades seems to have forced its way through this world, the health care needs of adolescence, the stage which bridges childhood and adulthood, traditionally remained unattended for long. However, it suddenly seems to have come into prominence, with more focused attention from researchers and policy-makers throughout the developing world. Serious behavioural studies on the status of the reproductive and sexual health of young boys and girls have started showing how little we know about this silent but total transition in this vital organ of our society.

The status of this newly discovered world and the scope of its needs have been examined and comprehensively unfurled by a recently published report of the Alan Guttmacher Institute (1998). The research for and publication of this well-edited report is part of a three-year project on youth worldwide, undertaken by the Alan Guttmacher Institute in collaboration with organisations from 13 developing countries.

The main theme of this report is centered around the needs of young women in this rapid and chaotic age of societal transition. How are they to be prepared physically and otherwise to deal with the major aspects of women's lives, e.g., sexual relationships, marriage and childbearing? Are the health and population programmes in developing countries appropriately equipped and aligned to cater to their specific needs? What is the evidence of the positive impact of enhancing economic and social opportunities on the sexual and reproductive health behaviour of adolescents? The report, based on the data collected from a large number of countries, succinctly documents the collected evidence and helps us build our own hypotheses on the above and many other questions.

The study starts with the background of the young peoples' lives. The facts are not unknown, but they are grouped well to help under- stand the background of emerging issues. In spite of significant progress in spreading basic education among the poorer sections, the educational gender disparities, especially in secondary education, are revealing. The gap between rural and urban areas is even wider. Throughout Latin America, and in many African and Asian nations,

as the report shows, the proportion of adolescent women in rural areas who have seven or more years of education is one-half to one-third the proportion in urban areas.

This gender disparity may be partly explained by the economics of family. The process of economic development often fails to provide full economic security to the poorer sections of the population. For families with limited means, undertaking additional expenses will create a financial strain, and such families are less likely to endure it for girls than boys. As several studies in the Indian context show, the cost-benefit ratio of getting a girl educated is still perceived to he prohibitively high in low-income families, especially when the girl has to compete with her brother for the very limited household resources. In addition to the familial poverty, the high ratio is also a function of availability and access to societal resources and community values, which often play a more important role than pure household economics.

The next topic is the timing of sex and marriage. The issues related to the topic are intrinsically linked to the educational opportunities for girls. Early marriage among young women is universally associated with low levels of schooling. The evidence is diverse. In Bangladesh, for example, almost three-fourths of women marry before the age of 18, while in Philippines and Sri Lanka, only 14 percent do so. However, the data shows that, overall, levels of early marriage have declined from those found a generation ago. The record is more promising in the Indian subcontinent (especially India and Bangladesh), where the levels of early marriage have decreased by one-quarter. It is a good sign, but not without caveats. Later marriage and changing societal values and attitudes may lead to increase in premarital sexual behaviour and some of its negative consequences. Although the trend of increasing premarital sex among women is less prominent in the developing world, the issue deserves serious attention from researchers.

The study presents mixed evidence on the status of adolescent child- bearing. In a few countries, it is actually increasing, but in many it is decreasing, and in some, substantially so. However, despite these positive changes over the last two decades, adolescent pregnancy and child- bearing are probably viewed as a greater social problem now than it was in the past. This is especially true in Asia, which has 40 percent of the total 14 million (approximate) adolescent mothers every year.

Delaying childbearing can have a dramatic impact on the lives of young women as well as on the rate of global population growth. As the report reveals:

A women who begins having children at a young age is likely to have a larger family than a woman who is older when she begins childbearing. Across sub-

Saharan Africa, Asia, Latin America and the Caribbean, a woman who has her first child before age 18 will have an average of seven children by the time she has completed her family. If she waits until her early 20s to begin child-bearing, her family will average five or six children, and if she postpones child-bearing until her late 20s, she will typically have three or four children over the course of her child-bearing years. (p. 25)

A study on adolescent child-bearing in a few Latin American countries (Buvinic 1998) shows that early child-bearing is associated with economic rather than social effects, the effects occurring for poor, rather than for all, mothers. It tends to narrow down the socio-economic opportunity space and entrench the poverty of low-income women, as poor adolescent mothers seem to work more and earn less than other mothers. Therefore, attaining a certain level of schooling and providing income to the family are two positive circumstances that could help women to stem what otherwise seems a vicious circle of poverty for themselves and their children that begins with early child-bearing among the poor.

Economic development and societal transition seem to have some effects on the cost perception of childbearing among young women. The perception, coupled with an amazing spread of knowledge about modern contraceptive methods, seems to have generated a substantial level *of unmet need* for fertility control. In most countries of Asia, Latin America, the Caribbean, North Africa and the Middle East, as the report says, more than 60 percent of adolescent women-and frequently more than 80 per cent-report that they have heard of at least one modern contraception method. However, another study (Blanc and Way 1998) shows that, except in a few countries, levels of use are substantially lower than those among adult women. The huge gap between knowledge and practice may be due to the fact that many adolescents are just beginning the child-bearing period and, thus, are less likely to be motivated to delay or avoid pregnancy than older women are. This also reflects that adolescents in the developing world face tremendous barriers to contraceptive use, such as, lack of information about methods, non-availability of less costly methods, concern about side effects, and inability to negotiate with partners. Moreover, in some settings, where fertility among young women is highly valued or where sexual activity among the unmarried is strongly discouraged, young women seeking to obtain birth control may he denied access to available methods.

In the report, the issue of initiating contraceptive practices is logically linked to the problem of reproductive health risks that young women in the developing world are exposed to. Many of these risks are associated with the social, economic and cultural environment in which a girl grows up: her basic health and nutritional status, her standard of living, her status and autonomy, her knowledge and information base, and her access to basic health care services.

The health risks are higher for adolescents since they often have not reached full physical maturity to cope with the stress and potential hazards of childbearing. The ill status of basic health further aggravates the risk.

The existing public health care system in most of the developing countries often fails to address the risks of an adolescent girl, especially if she is unmarried. There is social stigma attached to premarital pregnancy, but more importantly, the system often fails to acknowledge the needs of an adolescent girl, who bridges the gap between child and woman, and who, in a sense, is both a child and a woman. The mother and child health care programmes are typically targeted at the two ends (mother and children), leaving the bridge unprotected.

Unsafe clandestine abortions by adolescent girls, even where abortion is legal, is one of the manifestations of such a system. Abortion is riskier for adolescents because they are more likely to take help from unskilled practitioners and to delay seeking the termination of pregnancy than are older women. The problem is more acute in the most sub-Saharan African countries and Latin America, primarily because it is illegal there, and, as a result, a majority of abortion activities are driven underground. The rates of adolescent abortion are relatively lower in South Asian countries (especially India and Bangladesh), mainly due to the fact that a majority of them are married, but this leads to more births.

The vulnerability of adolescents' reproductive and sexual health is more conspicuous when one looks at the rates of various sexually transmitted diseases (STDS) which are a major cause of reproductive tract infections. It is estimated that among people aged between 15 and 49, approximately 25 per cent in sub-Saharan Africa and 16 per cent In South and SouthEast Asia are infected each year with a curable STD. Although specific data related to the adolescents' age group are not available, its share is likely to be high since they are less informed (about sexuality), have less control over choice of partner and the decision-making process, and are less likely to be reached by a preventive programme. In addition, they have fewer protective antibodies than older women. The impact of having an STD is also likely to be more severe for young women than the older ones, as the probability of self-diagnosing at an early stage and seeking treatment is much lower for the former. The vulnerability is equally high for the spread of HIV. The report uses an estimate that some 7,000 young people aged between 15 and 24 are newly infected with HIV each day. It is also revealed that young women are more vulnerable to HIV/AIDS than their male counterparts.

The report brings in other issues, which have a bearing on the lives of young women. For example, sexual abuse or exploitation of younger women, as a by-product of certain cultural practices or gender disadvantage in society, has been increasing significantly in the developing world, leaving an indelible physical

and psychological mark on the lives of girls, and exposing them to the risks of infection and unwanted pregnancy. Similarly, rampant girl trafficking for prostitution in many countries (especially Bangladesh, Brazil, Nepal, the Philippines and Thailand) has a serious deleterious effect on the overall sexual and reproductive health profile of a large section of the adolescent community. Reports also abound, particularly in countries of sub-Saharan Africa undergoing economic structural adjustment programmes (such as Zimbabwe and Ghana), of young women conceding to pressure from older men and trading sexual favours for school fees, transportation, food and clothing, in order to continue their education, support their families or simply survive (Hawkins and Meshesha 1994).

One billion adolescents are about to enter a world which is different from that of their parents. The new world offers them greater economic and social opportunities but, unfortunately, only in exchange for higher risks and hazards. The questions is, how can their entry into the New World be made a bit saler and easier? The issues exposed in the report logically point to the following answers:

1. Investing in equal access to education for girls should he a fundamental global priority. The governments and other social institutions must enable and encourage young women to stay in school and delay marriage.

2. Young women should be provided with services that address the full range of their reproductive health needs. The basic services would cover the following areas: (a) sexual and reproductive health education; (b) contraceptive services; (c) STD screening and treatment; (a) services for pregnant and parenting young women; and (c) safe abortion for unwanted pregnancies.

3. The services need to accommodate the unique needs of adolescents. These should also he sensitive to their limited financial resources and access.

The Alan Guttmacher Institute report does not give a rigorous cause-and-effect analysis, but it tempts us to do so. The solutions recommended in this thin volume are, as always, easier said than done. The issues come up with an implicit message that they require a substantial shift in our understanding of and approach to the budding women of our society-their needs, their values and their aspirations in the changing world. To integrate the system of care of their sexual and reproductive lives with that of children and adults is the next step. Finally, additional resources need to be mobilised to develop this well-integrated service delivery system. Each step requires a colossal level of effort, which one can hardly expect from the over-stretched government delivery machines of the developing world. The role of non-government agencies is thus extremely

important, not only in strong advocacy for adolescents' causes, but also in implementing the solutions within their limited capacities.

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