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Adolescent Sexual and Reproductive Health Globally and Locally

Trends and Implications

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Population and Age

Percent of the population 10-19 years old

- Africa: 23%
- Latin America: 21%
- Europe: 13%
- Asia: 19%
- Japan: 12%
Demographic profile of young people (10-24) in developing countries

1980: 1.1 billion

2005: 1.5 billion

2030: 1.7 billion

Source: NRC/IOM 2005

Africa
Asia
Latin America/Caribbean

America/Caribbean
Population of Young People (Ages 10-24) as Percent of 1980 Level

Congo, Dem Rep
Nigeria
Pakistan
Egypt
India
Brazil
Mexico
China

Rapid global change

- Pervasiveness of market-led economic change
- Technological change
- Democratization and the rise of civil society
- Changes in population size and distribution
- Rapid spread of formal schooling
- Changes in the health environment
- Cultural diffusion and ideational change
- Emergence of systems of international governance

Source: NRC/IOM (2005)
School enrollment rates in secondary school, by region and year, ages 12-17
Consequences of Education

- Delay in age of marriage;
- Rise in out-of-wedlock births;
- Rise in clandestine abortions;
- Rise in number of sexual partners with associated risks of AIDs and other STDs.
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<th>Indicators</th>
<th>Percent Change Over Time</th>
<th>Trend Data</th>
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<td>Worse</td>
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<td>Teen Death Rate (deaths per 100,000 teens age 15-19) 2000-2002</td>
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<td>Teen Birth Rate (births per 1,000 females ages 15-19) 2000-2002</td>
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<td>Percent of Teens who are high school dropouts (ages 16-19) 2000-2003</td>
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<td>27</td>
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<td>Percent of Teens not attending school and not working (ages 16-19) 2000-2003</td>
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Mortality and Adolescent Reproductive Health
Maternal Mortality

By subregion, 1995 – deaths per 100,000 live births

North America
- Caribbean: 110
- North America: 11

Central America
- South America: 200
- Central America: 110

South America
- Caribbean: 110
- South America: 200

Europe
- West: W - 14
- East: E - 50
- South: S - 12

Asia
- Southeast Asia: SE - 300
- South China: SC - 410
- East: E - 55
- West: W - 230

Africa
- North: N - 1100
- South: S - 360
- West: W - 1100
- East: E - 1300

Oceana
- Oceana: 260

Legend:
- 0-100
- 101-200
- 201-500
- 1000+
Adolescent Reproductive Health and Behavior Internationally
Sexual debut during adolescence is the norm for females.

By age 18

By age 20

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And for males as well
Use of contraception is low among unmarried, sexually active young women in developing countries

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2 to 3 out of five women are married by age 20

Data source: Demographic and Health Surveys, 1990-2001, USA-2002 NSFG

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Women are increasingly less likely to have had a child before age 18

% who had a child by age 18

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• Marriage is occurring later for women, but overall, marriage delays have not led to a delay in the age of sexual initiation

• Students are less likely to have had sex than non-students and are more likely to use contraception than non-students

• First sex is increasingly likely to occur prior to marriage

• Multiple sexual partnering is common
Adolescent Reproductive Health and Behavior
United States
Decline of Teen Birth Rate
(15-19) by Race between 1991 and 2004

Non-Hispanic Whites  ↓ 38.2 %
Non-Hispanic Blacks  ↓ 47.0 %
American Indian      ↓ 37.6 %
Asian/Pacific Islander ↓ 36.3 %
Latino/Hispanic      ↓ 21.0 %

Hispanic rate increased from 82.3 to 82.6 in 2004

Source: National Center for Health Statistics
Sexual Intercourse
There has been a decline in the percent of teens reporting having had sexual intercourse

Source: Adapted by CTLT from National Campaign analysis of the 2002 National Survey of Family Growth
Trends in Contraceptive use at first sex among males and females 15-19 years old
Adolescent Pregnancy and STI risk

- 800,000 adolescents become pregnant every year in the United States
- 80% of all adolescent pregnancies are unplanned
- 9,000,000 STIs occur annually among young people
- Every hour of every day 2 young people in the United States become HIV positive.
Interventions

• Sexual and reproductive health interventions improve knowledge and attitudes; smaller effect on behaviors
• No evidence that these interventions including sex education increases sexual activity
• Multiple-component programs appear to be more promising, especially if community based
• Interventions usually are not rigorously evaluated
• Access to services is minimal in most countries
Policy and program implications (1)

- Provide general health info and accurate sex education - both in school and out of school
- Encourage active collaboration between health and education sectors in designing multi-pronged reproductive health programs
- Promote gender equity in the arenas of marriage and parenthood for all social classes
Policy and program implications (2)

- Increase access to services for sexually active adolescents – female and male
  - Contraceptive services and supplies
  - STD/HIV testing and treatment
- Improve maternal and child health care - Safe motherhood is a continuing priority
- Increase funding and prioritize youth needs
- Address personal and societal barriers
Sex Education in U.S. Public Schools
Most school district policies promote abstinence.

- 35% Abstinence as one option in broader sex education
- 51% Abstinence as preferred option/contraceptives effective
- 14% Abstinence as only option

Districts with a sex education policy
School district sex education policies vary widely by region

% of districts with a policy

Northeast: Abstinence as one option in broader sex education
South: Abstinence as preferred option/contraceptives effective
Midwest: Abstinence as only option
West: Abstinence as only option
There is a large gap between what teachers believe should be covered in sex education and what they actually teach.

![Bar chart showing the percentage of sex education teachers' opinions vs. their instruction on various topics. Topics include HIV, STDs, Abstinence, Birth control, Facts on abortion, Condom use, and Sexual orientation. The chart indicates that teachers generally believe more should be covered compared to what they actually teach.]
Many sex education teachers do not teach about contraception

- One in four sex education teachers are prohibited from teaching about contraception

- Four in 10 either do not teach about contraceptive methods (including condoms) or teach that they are ineffective
Teachers who teach the effectiveness of contraception are more likely to cover key prevention topics.

% of sex education teachers

0 20 40 60 80 100

Condoms for STD/HIV prevention
How to resist peer pressure
Correct and consistent method use
Sources of STD/HIV help

Teach contraception is effective  Teach contraception is ineffective
What do evaluations say about the effectiveness of sex education?

- No evidence that abstinence without contraceptive education effectively protects teenagers

- Contraceptive education does not encourage sexual activity
What do evaluations say about the effectiveness of sex education?

- Considerable evidence that certain programs that include abstinence and contraceptive education help teenagers:
  - delay sexual activity
  - increase contraceptive use
  - reduce number of partners