

Achieving the Millennium Development Goals

Young People's Reproductive Health is Key

Eleven years ago, the leaders of 189 countries came together at the Millennium Summit and pledged to eliminate poverty; create a climate for sustainable development; and ensure human rights, peace, and security for the entire world's people. Eight overarching Millennium Development Goals (MDGs) measure progress towards this vision. While none of the MDGs explicitly references protecting young people's reproductive health, this is essential to alleviating poverty.

YOUNG PEOPLE'S REPRODUCTIVE HEALTH

People under the age of 25 represent nearly half of the world's population,¹ giving them a powerful role in the world's health and future. Despite diversity in culture, background, language, and socioeconomic status, young people's lives reflect similar, intersecting issues and events. For youth ages 15 through 24, reproductive health issues, including unintended pregnancy and HIV as well as other sexually transmitted infections (STIs), are common.

- Worldwide, about 2,460 youth ages 15 to 24 are infected with HIV each day.²
- Every day about 500,000 young people, mostly young women, are infected with an STI (excluding HIV).³
- Young women experience high rates of unintended pregnancy. Each year, about 14 million young women ages 15 to 19 give birth.⁴ Among adolescent women and girls ages 15 to 19 living in the developing world, there are 2.7 million unintended pregnancies in South Central and Southeast Asia, 2.2 million in Sub-Saharan Africa, and 1.2 million in Latin America and the Caribbean.⁵

Decisions about young people's sexual and reproductive health affect not only their lives, but also the health of the global community. Thus, there is an urgent need for programs and policies to address the complex reproductive health needs of the earth's 1.8 billion young people.⁶

YOUNG PEOPLE'S REPRODUCTIVE HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS

At the 1994 International Conference on Population and Development (ICPD), the international community for the first time acknowledged the reproductive health challenges facing young people. At ICPD, nations agreed to make adolescent sexual and reproductive health a priority. The Programme of Action called for unfettered universal access to family planning methods as well as to services to prevent and treat STIs, including HIV.⁷ The emergence of the MDGs in 2000 made it critical to continue to support integrated, comprehensive programs that holistically address adolescents' reproductive health. The MDGs include no explicit goals on young people's reproductive health, yet a country's ability to meet the MDGs regarding poverty, HIV and AIDS, and maternal and child mortality rates is integrally linked to the reproductive health and well-being of its youth.⁸

MILLENNIUM DEVELOPMENT GOALS

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

CREATING YOUTH REPRODUCTIVE HEALTH BENCHMARKS

To achieve four of the eight Millennium Development Goals, governments will need to implement strategies to improve youth reproductive health in their Poverty Reduction Strategy Papers and Country Assistance Strategies. These goals, their relationship to youth reproductive health, progress achieved to date, and recommendations for further progress are discussed below.

THE FACTS

MILLENNIUM DEVELOPMENT GOAL 3: PROMOTING GENDER EQUALITY AND EMPOWERING WOMEN

By signing on to the MDGs, all 189 United Nations Member States have pledged to “eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels of education by 2015.”

Progress—

- Currently, of the 127 developing countries for which data is available, 89 countries are on target to achieve gender parity in primary school enrollment, while 82 of the 120 developing countries with available data are on target to achieve gender parity in secondary school.⁹
- The global gender gap in education is closing. Worldwide, there are 97 girls for every 100 boys enrolled in secondary school. Regions such as East and Southeast Asia, Western Europe, North America, and Oceania have all achieved gender parity in secondary education. However, progress has not been equal in all parts of the world. In Central Africa, there are still only 63 female secondary school students per 100 male students, and in Afghanistan, there are only 38 girls for every 100 boys enrolled in secondary school. In Latin America and the Caribbean, and in Southern Africa, there are significantly more girls attending secondary school than boys.¹⁰

COUNTRY SUCCESS STORY

Bangladesh has achieved increased girls' secondary school enrollment through the Female Secondary School Assistance Program, which also seeks to delay child marriage by keeping girls in school. The program provides conditional cash transfers to families for each daughter who is unmarried and enrolled in secondary school.¹¹ Between the program's launch in 1994 and 2001, girls' secondary school enrollment more than doubled. Because of this success, the Bangladeshi government launched the second phase of the program in 2002, which is focusing on improving the quality of secondary education and recruiting more female secondary school teachers.¹²

Facts—

- Early marriage is a major barrier to secondary education. About 40 percent of women are married during adolescence in much of sub-Saharan Africa,¹³ with rates as high as 77 percent in Niger.¹⁴ In India and Bangladesh, 50 to 69 percent of adolescent girls are married before age 18.¹⁴ In Latin America and the Caribbean about a quarter of girls 15 to 19 are married, while in the Middle East and North Africa, less than 20 percent of girls are married before age 18.¹³ Seldom do these young women have a voice in regard to their marriage.¹²
- Research shows that early marriage sharply reduces girls' access to education because their families' plans for early marriage often preclude educating their daughters.¹⁴

- Girls with secondary schooling are as much as six times less likely to be married before the age of 18 than their counterparts with little to no education.¹⁴

Recommendations—Governments should implement strategies to increase the age of young women's marriage to at least post secondary school and create a benchmark to measure progress towards accomplishing this.

MILLENNIUM DEVELOPMENT GOAL 4: REDUCING CHILD MORTALITY

United Nations Member States have also pledged to “reduce by two-thirds the mortality rate among children under five by 2015.”

Progress—

- Of the 124 developing countries for which data is available, only 36 are on target to achieve the two-thirds reduction in child mortality.⁹
- The annual rate of decrease in child mortality has improved from 1.4 percent in the 1990s to 2.3 percent in 2000-2008.¹⁵
- Of the 67 countries with high child mortality, defined as more than 40 deaths/1,000 live births, only 10 countries are on track to achieve MDG 4.¹⁵

COUNTRY SUCCESS STORY

Rwanda is one of the few African countries expected to meet MDG 4, largely because of its universal health insurance program, Mutuelles de santé. Run by community representatives and local health providers, the program has increased its reach from 7 percent of the population in 2002 to 85 percent in 2008. Those enrolled pay an annual premium of US\$2, and women who attend four appointments during pregnancy, deliver at no cost. As a result, child mortality has decreased by over 30 percent, immunization rates have increased to 95 percent, maternal mortality has declined by 25 percent, skilled birth attendance has increased from 39 percent to 52 percent in just two years, and use of family planning has increased from 10 percent in 2005 to 27 percent in 2007.¹⁶

Facts—

- Infant mortality is highest in countries with the largest proportion of births to adolescents.¹⁷
- Children born to mothers under the age of 20 are significantly more likely to die than those born to mothers ages 20 to 29.¹⁸
- Young adolescents are more likely to experience premature labor, spontaneous abortion, and stillbirths than are older women.^{18, 19}

Recommendations—Governments should implement strategies to reduce early childbearing such as increasing the minimum legal age of marriage, promoting youth access to comprehensive sex education and family planning services, and improving access to pre- and postnatal care for pregnant and parenting young women.

MILLENNIUM DEVELOPMENT GOAL 5: IMPROVING MATERNAL HEALTH

United Nations Member States have further pledged to “reduce by three-quarters the maternal mortality ratio by 2015” and “achieve, by 2015, universal access to reproductive health.”

Progress—

- Of the 124 developing countries for which data is available, only 30 are on track to achieve MDG 5.⁹
- In order to achieve MDG 5, an annual decline of 5.5 percent in global maternal deaths is necessary. However, maternal mortality is currently only declining at a rate of 2.3 percent per year.¹⁵
- The adolescent birth rate decreased between 1990 and 2000 in all regions of the world. However, progress has slowed in the last decade, with Sub-Saharan Africa, South-Eastern Asia, and Western Asia even showing increased adolescent birth rates since 2000.¹⁵

COUNTRY SUCCESS STORY

Despite protracted civil conflict and widespread poverty, Sri Lanka has achieved remarkable progress at lowering maternal mortality. A political commitment to reducing maternal mortality has led to the expansion of the system of hospitals and clinics in the country, which women were encouraged to visit for pregnancy care and delivery. Each district in Sri Lanka also has a group of midwives responsible for providing basic home care for pregnant women and new mothers. This has led to an 87 percent reduction in maternal mortality since the 1960s.²⁰ In fact, the maternal mortality ratio in Sri Lanka fell from 340 maternal deaths per 100,000 live births in 1960 to just 43 maternal deaths per 100,000 live births in 2005. Ninety-eight percent of all births take place in a hospital in Sri Lanka, and 99 percent of women have at least one antenatal care visit and skilled attendance at delivery.²¹

Facts—

- Maternal mortality is the leading cause of death in developing countries for young women and girls ages 15 to 19.⁴
- Fulfilling the unmet need for family planning—

women who wish to delay or avoid pregnancy but are not using a modern contraceptive method—could reduce maternal mortality by 27 percent each year by reducing unintended pregnancies.¹⁵

Recommendations—Governments should address the negative consequences of pregnancy on the health of young women and implement strategies to provide comprehensive sex education, family planning services, and prenatal care for young people. Increasing the age of legal marriage will also assist in accomplishing this goal.

MILLENNIUM DEVELOPMENT GOAL 6: COMBATING HIV/AIDS, MALARIA AND OTHER DISEASES

UN Member States further pledged to “halt and begin to reverse the spread of HIV/AIDS by 2015.”

Progress—

- HIV prevalence among young people ages 15 to 24 is falling in 16 of the 21 countries most affected by HIV and AIDS. In 15 of those countries, HIV prevalence among young people fell by 25 percent or more. This is largely due to a decrease in new HIV infections among youth, which coincided with young people choosing to delay sexual activity, reduce their number of sexual partners, and increase condom use.²²
- From 2000 to 2007, 18 countries out of the 49 with data available showed increases of 10 percent or more in comprehensive and correct knowledge of HIV among young women ages 15 to 24. In Namibia, young women’s comprehensive and correct knowledge of HIV increased from 31 percent in 2000 to 65 percent in 2007.¹⁵
- From 2000 to 2008, 11 countries out of the 22 with data available showed that young women reported increases of 10 percent or more in condom use during high-risk sex. In 2000, 48 percent of young Namibian women ages 15 to 24 reported condom use during their last high-risk sexual encounter, but by 2008 use of condoms during high-risk sexual activity had increased to 64 percent.¹⁵

COUNTRY SUCCESS STORY

Cambodia is one of the few least-developed countries that is on track to achieve MDG 6. In 1998, HIV prevalence was 2 percent, but through a variety of HIV-related interventions, the HIV prevalence rate fell to 0.7 percent in 2010. This was achieved through a variety of programs and policies, including: a 100 percent condom use policy in all brothels and commercial sex work establishments, the HIV/AIDS education of 90 percent of all sex workers and men who have sex with men, and a large social marketing campaign for condoms. In 2009, more than 92 percent of those in need were also receiving antiretroviral therapy.²³

Facts—

- Worldwide, about 2,460 youth ages 15 to 24 are infected with HIV each day, representing 41 percent of all new HIV infections.²³
- Young women, ages 15 to 24 in sub-Saharan Africa, the continent hardest hit by the HIV epidemic, are as much as eight times more likely to be infected than their male peers.²⁴ Married girls ages 15 to 19 are 75 percent more likely to have HIV than sexually active, but unmarried, girls of the same age.²⁵

Recommendations—Governments should implement science-based strategies to address the HIV and AIDS epidemic. Early marriage, lack of knowledge about HIV prevention, adults' discomfort in discussing reproductive health, stigma related to HIV and lack of access to reproductive health care (including condoms and HIV testing and counseling) all contribute to high rates of HIV among youth. Governments must include specific benchmarks regarding youth and HIV education, delaying sexual debut, increasing condom use, improving youth access to health services, increasing access to early detection and treatment of HIV, and reducing stigma related to HIV.

YOUTH INVOLVEMENT AND THE MDGS

Young people are the key to accomplishing and sustaining the goals of the Millennium Summit. By including benchmarks related to youth reproductive health in Poverty Reduction Strategy Papers and Country Assistance Strategies, governments will move successfully towards creating a healthy and economically secure population. Further, young people have much to say about what will assist them best to meet such benchmarks. As such, youth must become key participants in country level processes. Governments should include young people in developing and implementing their strategies as well as in country delegations to General Assembly meetings regarding the MDGs. The future reproductive choices of the world's young people will largely determine the quality of life on this planet for decades to come.

Updated 2011 by Liz Bayer, International Division

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MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS: Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT: Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY: Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH

The Facts: Youth and the Global HIV Pandemic

The Facts: Adolescent Maternal Mortality: An Overlooked Crisis

Affirming the Rights of Young People at United Nations World Summits and Conferences: A Guide for Youth Advocates

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