

The Sexual and Reproductive Health of Young People in Low and Middle Income Countries

Young people ages 10-24 account for 25 percent of the world's population: a total of 1.8 billion, most of whom are living in low- and middle-income countries.¹ They face significant challenges, including HIV, sexually transmitted infections (STIs), adolescent pregnancy, unsafe abortion, and gender-based violence. Youth have the right to lead healthy lives – and have repeatedly shown that given the tools, they can and will protect themselves from negative sexual health outcomes. Globally, we must invest in, and continue to work toward respect and opportunity for, all young people.

HIV PREVALENCE AMONG YOUNG PEOPLE IS DECLINING, BUT RISK OF HIV AND STIS REMAINS HIGH

- Around the world, 5 million young people ages 15-24 are living with HIV.² Young people ages 15-24 represent 41 percent of all new HIV diagnoses, and 890,000 acquire HIV each year.³
- At least 95 percent of all new HIV cases occur in low- and middle income countries, with sub-Saharan Africa by far the hardest hit region.²
- Nearly 76 percent of young people living with HIV reside in sub-Saharan Africa.²
- Young women are more vulnerable to the HIV epidemic than are men – young women comprise 60 percent of all young people with HIV.²
- In some regions, the populations most at risk include young injecting drug users, young commercial sex workers, and young men who have sex with men.⁴
- Between 2001 and 2011, HIV prevalence fell by nearly 27 percent among young people ages 15-24 globally. The decline was driven by changes in sexual behavior patterns, including increased use of condoms.⁴
- The largest declines in HIV prevalence among young people were in South and South-East Asia where HIV prevalence among young men and women fell by 50 percent. Sub-

Saharan Africa and the Caribbean followed with a drop of more than 35 percent among young men and women.

- More than half of all sexually transmitted infections, excluding HIV, occur among young people ages 15 to 24.⁴

POOR AND RURAL YOUNG WOMEN ARE THE MOST AT RISK FOR ADOLESCENT PREGNANCY

- About 16 million young women ages 15-19 give birth each year, with 95 percent of these births occurring in low- and middle-income countries.⁶
- Each year, an estimated 2 million girls younger than 15 give birth.⁶
- Half of all adolescent pregnancies occur in just seven countries: India, Nigeria, Democratic Republic of Congo, Brazil, Bangladesh, China, and Ethiopia.⁶
- In rural areas, adolescents are more likely to become pregnant due to early marriage and pressures to have children immediately.⁶
- Adolescent girls and young women from the poorest households are also more likely to become pregnant or give birth than those from the wealthiest households. In Zimbabwe, Senegal, Colombia, and Peru, more than one-fourth of adolescent girls ages 15 to 19 from the poorest 20 percent of households have begun childbearing.¹
- A link has been found between education and pregnancy. The more years a girl spends in school, the less likely she is to become pregnant at a young age.⁶

MANY FACTORS CONTRIBUTE TO LOW CONTRACEPTIVE USE AND ADOLESCENT PREGNANCY

- The rate of contraceptive use among both married and unmarried adolescents remains low. In low and middle income countries, among young women ages 15-19 who are sexually active, fewer than 25 percent are using contraception.⁷

THE FACTS

“Between 2001 and 2011, HIV prevalence fell by nearly 27 percent among young people ages 15-24 globally. The decline was driven by changes in sexual behavior patterns, including increased use of condoms.”⁴”

- Worldwide, an estimated 222 million women, have an unmet need for modern contraception - they are sexually active and don't wish to have a child, but are not using contraception.⁸
- In some regions young women ages 15-19 are twice as likely to lack access to the contraception they want and need as women over twenty.⁹
- Young women ages 15-24 have the highest unmet need for contraception in sub-Saharan Africa, followed by Latin America and the Caribbean and South and South East Asia.³
- Early marriage contributes to adolescent childbearing. While age of marriage is on the rise globally, child marriage is still practiced in many parts of the world. An estimated one in three girls in low- and middle- income countries marry before age 18, and one out of nine marry before age 15.¹⁰ Contraceptive use is higher among sexually active, unmarried adolescents than among married adolescents (for example, 60 percent vs. 38 percent in Kazakhstan, and 45 percent vs. 4 percent in Nigeria).
- In almost every country, a greater proportion of 15–19-year-olds than of women ages 20–49 reported experiencing a contraceptive failure within a year of starting method use.² This difference is likely due to several factors, including that adolescents tend to use less effective methods than older women (especially in countries where a substantial proportion of older women are sterilized), use methods less effectively, and are more fertile.²

MILLIONS OF YOUNG WOMEN EXPERIENCE UNSAFE ABORTION AND ARE AT RISK OF INJURY OR DEATH

- Complications from pregnancy and childbirth are the leading cause of death for adolescent girls ages 15-19, and unsafe abortion is a major contributor to this mortality.¹²
- In 2008, an estimated 21.6 million unsafe abortions occurred globally, 98 percent of which took place in low- and middle-income countries.¹³
- An estimated three million young women ages 15-19 undergo unsafe abortions every year.⁶ In low- and middle-income countries, two in five unsafe abortions occur among women under age 25, and about one in seven women who have unsafe abortions is under 20.⁸
- Unsafe abortion can also result in lasting and devastating consequences, including, sepsis, perforation of the uterus or intestines, hemorrhage, chronic pelvic infection, and infertility.¹³
- Abortions are most unsafe where laws limiting abortion are the most restrictive – but abortion rates are not lower in these countries.⁸
- Among women of reproductive age, 92 percent in Africa and 97 percent in Latin America live under severely restrictive abortion laws.¹⁴

WIDESPREAD GENDER BASED VIOLENCE AFFECTS GIRL'S AND WOMEN'S HEALTH

- It is estimated that one in three women around the world has been physically assaulted, coerced into sex, or abused in some form. However, this rate can reach as high as 70 percent in some countries.¹⁵
- For many young women, their first sexual experience is coerced. A 2005 report, the most recent one available, found that 17 percent of women in Tanzania, 24 percent of women in Peru, and 30 percent of women in Bangladesh reported their first sexual experience as forced.¹⁶
- Female genital cutting/mutilation (FGM) is the removal of all or part of a young woman's genitalia for non-medical reasons. It is typically performed before a girl turns 15, and over 140 million girls and women worldwide have undergone FGM.¹⁷
- An estimated 5,000 “honor” killings occur around the world each year in which women and girls are killed for acts perceived as shameful to the family.¹⁸

- It is estimated that 27 million women, men, and children are trafficked (traded or sold for forced labor or sexual slavery) across borders and inside countries against their will. Most of these people are women or children.¹⁹
- The threat of violence can have reproductive health consequences. Studies from Sub-Saharan Africa have found that partner violence and fear of abuse prevents individuals from negotiating the use of condoms and birth control.²⁰

LGBT YOUTH ARE AT RISK OF DISCRIMINATION, VIOLENCE AND LACK OF SERVICES IN MANY COUNTRIES

- There is a lack of data on the sexual and reproductive lives of LGBT youth around the world, but in every country LGBT youth face some degree of difficulty, due to their sexual orientation or gender identity.²¹
- At time of publication, at least five countries (Mauritania, Sudan, Saudi Arabia, Yemen, Iran, and parts of Nigeria and Somalia) apply the death penalty for homosexual behavior, while 71 countries punish it with imprisonment. Most countries in the Middle East and in Africa have some provision against being LGBT.²²
- Men who have sex with men (MSM) are at high risk for HIV compared to heterosexual men in low and middle income countries. In South Africa and Malawi, about one in five MSM acquire HIV before age 24. In Latin America, MSM are among the groups most at risk for acquiring HIV.²³
- While access to HIV services is low for MSM of all ages, the proportion of young MSM reporting easy access to testing, treatment, and educational and prevention programs was significantly lower than older MSM in one global study.²³
- Even less information is available about the health and safety of transgender young people (those who identify as a different gender than the physical sex they have been assigned to) and gender non-conforming youth (those who dress and act in ways that are not consistent with community ideas of their gender). One report found that 1123 transgender individuals were murdered around the world between 2008-2013, with the highest numbers in South America.²⁴

CONCLUSION

When young people are given the information and tools they need to protect themselves, they can and do take charge of their sexual health. Studies have repeatedly found that young people who receive comprehensive sex education programs put that knowledge to use and delay sex or use contraception.^{25 26} In addition, declines in HIV prevalence around the world can be attributed to a decline in new HIV cases among young people as a result of behavior change.⁴ Yet too many young people, especially those in low and middle income countries, face barriers to their health and well-being, including lack of access to contraception, unintended pregnancy, unsafe abortion, HIV, sexual coercion, and discrimination based on gender, gender identity, and sexual orientation. All nations must take steps to protect young people's reproductive and sexual health and rights and provide them with the information and services they need.

Written by Orain Edwards and Nicholas Peterson. Nicholas Peterson is supported by the Civil Liberties and Public Policy Program.

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“Youth have the right to lead healthy lives – and have repeatedly shown that given the tools, they can and will protect themselves from HIV, STIs, and unintended pregnancy.”

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