



Health

Two thirds of 15-19 year olds newly infected with HIV in Sub-Saharan Africa are girls

Convention on the Rights of the Child

Article 24

1. States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.
2. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

1. Introduction

“Women’s right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men.”

Platform of the Fourth World Conference on Women, Beijing

Girls and women are healthier than they have ever been. Over the past few decades, life expectancy has increased by more than 10 years and fertility rates have decreased.¹ In Latin America, in particular, some of the health gains for girls and women have been notable. But more than half a million girls and women – 99 per cent of whom live in countries of the South – still die unnecessarily every year from pregnancy-related causes. Many more – particularly young women – die from unsafe abortions. Especially in the South, girls and

women are more vulnerable than men to the risk of HIV and AIDS. They are less likely than men to have control over when and how they have sex. Girls often have less access to health care than their male counterparts. They may be less well fed than their brothers. And adolescent girls in the rich world are more likely than boys to suffer from mental health problems such as anorexia and self-harming. Girls and young women are just as entitled as boys and young men to adequate and appropriate health services and to proper levels of care and medical treatment.

2. Water and sanitation

“Progress in child health is unlikely to be sustained if one third of the developing world’s children remain without access to clean drinking water and half of them without adequate sanitary facilities.”

UN Plan of Action from the World Declaration on Children²

Clean water and safe sanitation is a major factor affecting the health of children and adults. And in many countries where this is not supplied, it is the responsibility of girls and young women to fetch water, often from a long way away. One Kenyan study found that women and girls carry from 20-25 litres

over distances of 3.5 kilometres, for one or two hours daily. It notes that “as school-age children are often used for this task, class attendance is reduced.”³ As Judith, aged 14, from Zambia points out: “Girls are also the ones that fetch water from streams. Some of the streams are infested with crocodiles and water borne diseases. So the girls are attacked by crocodiles and catch diseases.”⁴

Unworthy tasks

“Unfortunately, in my beautiful country Cameroon, potable water is not found everywhere. In addition the quality does not always meet up with the characteristics of good drinking water, (colourless, odourless, and tasteless), because of this, people suffer from water borne diseases. In the villages, people trek for kilometres to fetch drinking water from wells or running streams.

“Worse still is the fact that this unworthy task is assigned to only young girls and women who are victims of gender discriminations. The young boy is privileged to have good education, while the girls go to fetch water from streams. One often sees them with big basins of water on their heads in the early mornings, afternoons and evenings to fetch water while the boys play football forgetting that they need water to take a bath. ‘After all’ they say ‘why worry when God has blessed us with one or more sisters to relieve us of this task’. Without water she will not be able to perform other household duties, such as laundry, cooking, and washing of dishes.

“In Bertoua, in my neighbourhood, after school or early in the morning, you will meet on your way a group of girls queuing up before the only village well waiting to fetch water.”

Ida, 16 years, Children’s Forum Plan Bertoua.

Women are the guardians of water, and young girls may find themselves spending many hours fetching and carrying, to the detriment of their



CAROLINE IRBY

education. And yet women and girls are rarely consulted when it comes to planning water supplies and service. A UNESCO report says: “The time has come to take stock of experience gained and to achieve a clearer understanding of the contribution gender participation makes to critical aspects of community water and sanitation programmes.”⁵

An Ethiopian mother feeds her baby. If a woman is properly fed herself as a child she is more likely to bear healthy babies.

3. Nourishment and nutrition

Girls and boys face different health issues, not just because they are physiologically different, but because of their status in society. While physically girls are often more resilient than boys, the way they are treated from birth in comparison with their brothers often leaves them at a disadvantage. For example, in many

cultures, it is traditional for the boys and men to eat first, and for girls and women to eat the leftovers. When food is short, this can mean that the females of the family have very little to eat or go without. (See Chapter 1 – *Survival*).⁶ Malnourished girls and women are also likely to be anaemic (lack of iron in the blood), which can lead to problems in pregnancy and maternal death, not to mention exhaustion and loss of productivity. One in five women and half of all pregnant women are iron deficient.⁷ In India, 60 to 70 per cent of adolescent girls are anaemic.⁸ Anaemia is often due to nutritional deficiencies, and particularly affects pregnant women, and pre and school-age children.

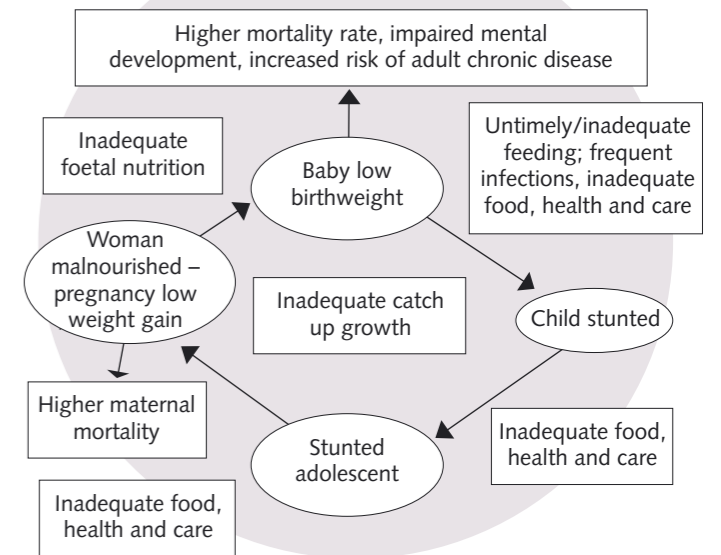
The Office of the High Commissioner for Human Rights notes that: “Countless reports the world over have demonstrated that, in societies where son preference is practised, the health of the female child is adversely affected.” The report continues: “For every growing girl who dies, there are many more whose health and potential for growth and development are permanently impaired.”⁹

Lack of proper nutrition from an early age affects a girl not only as a child but into her adult years, as the diagram below shows (see also Chapter 1 – *Survival*). Because a mother is underweight, her baby is born with low birth weight. She is not fed well, and may be stunted as a result. Continuing inadequate nutrition and care leads to problems in adolescence and into womanhood. The Declaration from the Beijing Women’s Conference in 1995 said: “Discrimination against the girl child in her access to nutrition and physical and mental health services endangers her current and future health and that of her children. An estimated 450 million adult women in developing countries are stunted as a result of childhood protein-energy malnutrition.”¹⁰

Obesity

At the same time, obesity is becoming a serious problem, particularly in the richer world. This is a worrying health problem. A study for the YWCA in Britain noted that:

Poor nutrition throughout the female life cycle¹¹



State of the World’s Mothers 2006, Save the Children US, page 17.

- Over half of women are either overweight or obese
- One in three 11-year old girls is overweight
- Among 16-24 year olds, twice as many young women as young men are overweight
- Obesity was particularly prevalent among low income groups and deprived black and minority ethnic groups
- By the age of 15, only 36 per cent of girls participate in some form of physical activity for 30 minutes a day, compared to 71 per cent of boys.¹²

The study noted that there has been a substantial rise in obesity among girls and women in the last 20 years, not only in Britain but in other industrialised countries. The same is true in the US, where another study concluded that almost nine million children aged 6 – 19 were overweight in 2000. There is a strong link for girls from as early as nursery age between being overweight and behaviour problems such as low self-esteem, anxiety, loneliness, sadness, anger, arguing and fighting. It continues: “At this rate the current generation of children will not live as long as their parents.”¹³

4. Body image

In the industrialised world in particular, mental health problems related to body image are increasingly common in young women. They believe that social acceptability is related to being thin, and try to copy the waif-like models that they see every day in advertisements. In a study of 35 countries, mainly in the rich world and Eastern Europe, on average around a quarter of 11-year-old girls, rising to 40 per cent of 15 year olds, thought they were too fat.¹⁴ One study in Britain found that almost half of young women aged 16 – 24 were trying to lose weight.¹⁵ In Canada, more than one in four teenage girls has symptoms of an eating disorder, while in Japan, “one in every 20 girls enrolled at high schools in the Tokyo metropolitan area suffers from anorexia nervosa.”¹⁶

Anorexia can lead to premature osteoporosis, amenorrhoea or lack of menstrual periods, exhaustion and even death. So why do young women starve themselves in this way? Amanda, aged 19, said: “I don’t think I could pinpoint one thing that makes me happy about being anorexic. I suppose it makes me feel special in a way, that it’s something not everybody can have, and that I have more control over myself than everybody else.”¹⁷

The desire to have the ‘perfect’ body also leads young women in the North to undergo cosmetic surgery at ever younger ages. In the US, between 2000 and 2001, the number of cosmetic surgeries in under-18 year olds increased from 65,231 to 79,501 – 21.8 per cent. The American Society of Plastic Surgeons says that 88 per cent of its patients are women.

Increasing numbers of young women cut and mutilate themselves, saying that in a world where they have little control over anything, this is something they can choose to do that makes them feel alive.

5. Young women and tobacco, alcohol and drugs

An estimated one billion people smoke tobacco. It is one of the chief preventable causes of

death in the world. By 2030, another billion young women and men will have started to smoke.¹⁸ While there used to be more boys who smoked than girls, today, tobacco use among young women is increasing. In parts of Europe and South America, girls are now smoking more than boys. Young people in the South smoke more than their counterparts in the North.

Most adult smokers started smoking when they were teenagers. Why do girls start smoking? For many of the same reasons as boys – low prices, easy access, tobacco advertising, peer pressure and the belief that smoking will make them more popular. Young women also smoke because they believe it will keep them thin.

A United Nations report notes: “The higher level of tobacco use among girls suggests that there is a need for specific policies and programmes for girls to counteract marketing strategies that target young women by associating tobacco use with independence, glamour and romance.”¹⁹

It appears that young people in many countries are also beginning to drink alcohol at earlier ages. Research in industrialised countries has found early initiation of alcohol use to be associated with a greater likelihood of both alcohol dependence and alcohol-related injury later in life. Boys are more likely than girls to drink alcohol and to drink heavily. However, in several European countries, levels of drinking among young women have started to equal, or even surpass, those of young men.²⁰ There is little data on drinking among young people in developing countries but some studies in Latin America show that young women in particular are starting to drink more.²¹

Young people close down the bars²²

Amarilis Martinez is a 17 year-old girl from a community called Santiago Puringla, Honduras. She is the leader in her community of an adolescent peer education group, called Childpro, who have tackled binge drinking in their community – by closing down all the bars.

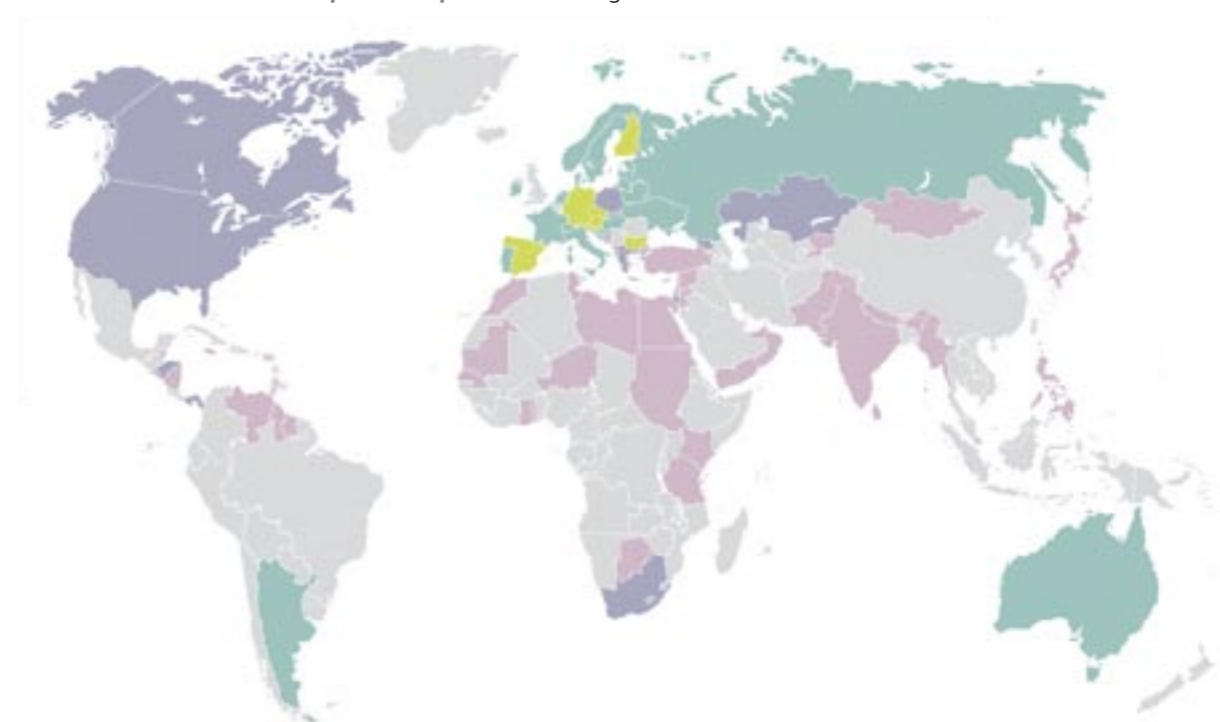
It started with a discussion in which the group identified binge drinking as

one of the major problems affecting their lives, causing family breakdown and domestic violence. They went on to lobby decision makers, handing out leaflets and posters showing people how much harm alcohol does. They tackled the bars’ owners. An important part of their tactics was winning the support of the local Mayor. They also gave talks to the local community on alcoholism and children’s rights. Amarilis says: “We are proud of our achievement in getting the bars shut down. We had seen a lot of violence in our community due to alcohol – and there were always a lot of drunk people on the streets. The effects were that children were going hungry and becoming malnourished and were not going to school if their fathers spent their money in the bars. Now the town is a much better place. People do

still drink inside their houses but it has improved so much.”

The children are now seen as important decision-makers in the town. It has given them the confidence that they can change things. Amarilis says: “When I’m older I would like to be a professional in children’s rights and be able to help the poorest children in our community. I would also like to meet with the President of the United States to talk about education in my community.”

Both alcohol and tobacco companies continue to target young people. In the North, there have been some restrictions on advertisements that are directly aimed at the young, and so the companies have turned their attention to young people in countries in transition and in the South, where there are fewer health and safety regulations.²³



Young women smoking Percentage of 15-year-old female students who smoke cigarettes

30.0% and above 16.0% - 29.9% 7.0% - 15.9% below 7.0% no data

Tobacco Atlas Online based on 1999-2004 data from Mackay, J (et al), The Tobacco Atlas, 2005 (American Cancer Society and Global Tobacco Research Network). Accessed from <http://www.tobaccoresearch.net/atlas.html>

A 1999 survey of 80 countries by the United Nations Office on Drugs and Crime found that young people are growing up in a culture that is increasingly tolerant of drug use. Globally, 13.5 per cent of youth aged 15-24 have tried cannabis at least once (although that average hides individual figures varying from 1.7 per cent in Peru to 37 per cent in the UK); an average of 1.9 per cent have taken cocaine at least once (again, this average hides differences: 0.8 per cent in Colombia; 4.5 per cent in Kenya).²⁴

Cannabis is still the most widely used youth drug after alcohol, particularly in the industrialised world. A British study in 1995 showed that one in five girls between the ages of 14 and 25 used cannabis at least once a week, and 22 per cent of 15 and 16 year old girls had tried it.²⁵ Many girls reportedly linked drink and drugs with being sociable and more mature. Intravenous drug use among young people in some Central Asian countries has been on the increase since the early 1990s. In these countries, there are ten times the number of people injecting drugs as in Western European countries. Up to 25 per cent of those who inject in Central Asia and Eastern Europe are under 20. A study of teenage children in Uzbekistan found that three per cent had used drugs, some of them from the age of eleven, and another two per cent were interested in trying.²⁶

Sally's story²⁷

From the age of 13, Sally started skipping school and spending time with other children who drank and smoked cannabis. At 14, she had a boyfriend who introduced her to heroin and crack cocaine. She stayed with him for six years because she was afraid he would kill her "and I couldn't survive without him." In order to get money for drugs, she slept with her dealers. "I knew I was either going to die or be killed. I was sleeping with men for money. The way I felt inside, I was pure scum. I wasn't worthy of anything. I wasn't worthy of breathing the same air as people."

Finally she managed to get to a

rehabilitation centre and came off drugs. After a period of being very lonely and depressed, she got a new partner and had two children. But she knew she could turn the clock back at any moment: "If I've had a really bad day, when the kids stress me out and I think, God I would love to score. All it takes is just one trigger. It is having the strength to fight it when those triggers happen."

She was recommended to visit the YWCA by her health visitor: "At YWCA I feel safe and secure and really welcome. It helps that it's just for women and everyone is about my age." She has taken part in several courses and joined groups and sessions while her children play happily in the crèche. She has other young women to talk to and share things with and has found a network of people who care to help her through the tough times. "I have grown in confidence. I can communicate better with people," she says. Now Sally wants to put her experiences to good use by becoming a volunteer for a drugs project to help other users find ways to get clean and stay clean.

6. Mental health

Mental health is also a major cause of lifetime disability. Globally, for both men and women, mental and neurological conditions account for 30.8 per cent of all years lived with disability. Depression accounts for almost 12 per cent of this. Cross-national surveys in Brazil, Chile, India and Zimbabwe show that many mental disorders are twice as common among poor compared with rich people.²⁸

Mental health problems affect young men and women in different ways. More boys, for example, are aggressive and anti-social, while girls are more likely to be depressed or suffer from an eating disorder. With the exception of China and parts of India, although men and boys are more likely to actually commit suicide, more girls and women are likely to make attempts.²⁹

However, suicide rates for adolescent females in the US increased threefold between 1960 and 1980.³⁰ In general, adolescent girls tend to turn their mental health problems in on themselves, while boys act them out.

Depression is often associated with a feeling of lack of control over one's life. In the UK, the number of teenagers in full-time education between the ages of 16 and 18 taking anti-depressants increased from 46,000 in 1995 to 140,000 in 2003. In the US in 1997, "more adolescents died from suicide than AIDS, cancer, heart disease, birth defects and lung disease."³¹

Because of gender roles, and their status in society, girls and women are more prone to mental disorders. A study from China suggests that arranged marriages, unwanted abortions, problems with in-laws and 'an enforced nurturing role' leads to psychological disorders in women. Sexual abuse in childhood can also lead to mental problems later in life.³² The fact that girls and young women generally find themselves in a caring role can also have a big psychological impact, particularly at other times of psychological stress, such as the death of a parent or close relative.

Nomalanga's story³³

When 12 year-old Nomalanga attended a children's participation workshop in Zimbabwe, she was subjected to taunts and insults from other children: "Your father and mother died from AIDS," they said. Nomalanga felt humiliated and rejected. Later, in a tearful counselling session, she explained: "My friends say that because my father died of AIDS, this means he was an immoral person."

The workshop organisers responded swiftly, explaining to the other children why Nomalanga was so distressed. The children then decided to perform a drama on the theme of stigmatisation and AIDS. This time, however, the roles were reversed, with Nomalanga playing the role of one of the children taunting a child who had lost her parents to AIDS. In this way, Nomalanga's humiliation was turned

into a positive learning experience for the whole group, who then staged it in other schools in the area.

Lesbian girls may be subject to chronic and acute stress, related to their stigmatised social position. Coping strategies may involve alcohol and drug abuse, self-harming and contemplating suicide. The rate of suicide among lesbian girls is probably under-reported, because many will not have revealed their sexual orientation or family members may not be willing to reveal this information post-mortem. At an Australian conference entitled 'Young, gay, suicidal: who cares?' findings were presented that showed that within Australian society suicide is one of the recognised 'choices' open to young persons who become aware of their sexuality.³⁴ However, a recent American study showed that states that enacted gay rights laws saw a decrease in adolescent suicide.³⁵ Lesbian girls and transgendered teenagers may in fact be reluctant to engage with the very health services they need because of a historic lack of support.

7. Teenage girls and sex

Beijing Platform for Action

Reproductive health [...] implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.³⁶

Teenage girls have a right to a safe and satisfying sex life. They also have a right to safe sex and to refuse sex if they do not want it. Teenage girls all over the world are facing pressure to have sex. In many parts of Sub-Saharan Africa and South Asia, early marriage means that millions of girls engage in intercourse while they are or even before they become teenagers (see Chapter 2 – *Family Life* for more on early marriage). While the age of first intercourse in Sub-Saharan Africa is decreasing almost everywhere, sex outside marriage is still very uncommon among girls.

And the age of a girl's partner is important. The age difference between marriage and sexual partners is having a significant impact on HIV infection (see more details later in this chapter). A study of girls in the United States shows how the age difference in partners impacts on girls' sexual experiences at a young age – girls between the ages of 10 and 13 who are involved with an older boyfriend are more likely to be sexually experienced than those with a boyfriend of the same age.³⁷

One consequence of intercourse is unplanned pregnancies in young women, occurring because they don't know or understand about menstruation, contraception and pregnancy. They may have difficulties using birth control because their families or partners object, or they may face contraceptive failure or sexual assault. The lower the age of first sexual activity, the more sexual partners a young woman is likely to have and the greater the risk of STIs.³⁸

Straight Talk – Talking to Both Girls and Boys About Sex³⁹

Straight Talk is a monthly newspaper on health for secondary school students in Kampala, Uganda. It was first published in October 1993. Today, the Straight Talk Foundation produces 53 radio shows a week in 11 languages and about a dozen publications (some monthly, some termly) and consists of interactive face-to-face work in schools and communities. Its broad objective is “to contribute to the improved mental, social and physical development of Ugandan adolescents (10-19) and young adults (20-24). The programme also aims to keep its audience safe from sexually transmitted infections, including HIV, and early pregnancy and to manage challenging circumstances such as conflict and deprivation.”

More specifically, Straight Talk Foundation aims, through its communications projects, to increase the understanding of adolescence, sexuality and reproductive health, and to promote the adoption of safer sex practices. The foundation also aims at helping adolescents acquire the necessary life skills and grasp

of child and human rights to assure a safe passage through adolescence. It covers issues such as virginity, abstinence, masturbation, relationships, the right to marry someone of your own choosing, condom use and living positively with HIV. Straight Talk clubs have been formed in schools to discuss issues that young people feel are important. A version of the magazine aimed at a younger audience, *Young Talk*, was started in 1998.

Young readers are positive about the project. One said: “Straight Talk has helped me to understand my body more and has helped me to make decisions, especially when it comes to sex.”

8. Reproductive health

“The differences in reproductive health between the rich and the poor – both within and between countries – are larger than in any other area of health care.”
UN Millennium Project.⁴⁰

We have seen in Chapter 1 – *Survival*, how more than half a million girls and women die unnecessarily from complications of pregnancy and childbirth. That is one woman a minute. Young women are the most vulnerable because their bodies are still not mature enough for child bearing. But this is only part of the story of girls' and women's reproductive health. According to some estimates, poor reproductive health results in 250 million years of productive life lost each year and reduces the overall productivity of women by as much as 20 per cent.⁴¹

- For every girl or woman who dies from complications of pregnancy, 20 or more are injured or disabled
- Two million girls and young women face social isolation due to obstetric fistula, a preventable and operable condition
- An estimated 201 million women lack access to effective contraceptives
- Ten to 14 per cent of girls and young women face unwanted pregnancies
- 4.4 million abortions are sought by teenage girls each year

- Every minute worldwide at least 10 girls aged 15 to 19 have an unsafe abortion. 68,000 girls and women die from unsafe abortions every year

The ability to control her own fertility is absolutely fundamental to a girl's or woman's empowerment and equality. “When a woman can plan her family, she can plan the rest of her life,” says Thoraya A Obaid, UNFPA Executive Director. “When she is healthy, she can be more productive. And when her reproductive rights are protected, she has freedom to participate more fully and equally in society. Reproductive rights are essential to women's advancement.”⁴²

One in 10 births worldwide is to a mother who is still a child herself. Girls like Abeba in Ethiopia, who was married at seven and started having sex at the age of nine. She became pregnant, but after a difficult labour, lost the baby. Her husband died when she was 12. “I do not want to remarry”, she says. “I do not want any man to come near me.”⁴³

Or Ganga, from Nepal, now aged 19, who says:

“I married at age 12, before I even had my first period. I am from a lower caste family and I never attended school. We cannot afford nutritious food or a decent house to live in. I have three children – two daughters and a son. My last childbirth was especially difficult – I cannot describe for you how much I suffered during that time. I still feel weak and I look like an old woman. I have enormous awful days in my life.”

More than 750,000 teenagers in the industrialised world will become mothers in the next year.⁴⁴ There are more teenage mothers in the US than in any other industrialised country. The rate is two and a half times that of the UK, 10 times that of Japan and the Netherlands and 17 times that of the Republic of Korea. A girl who has a baby as a teenager is more than twice as likely as her peers to end up living in poverty.⁴⁵ A longitudinal study in Britain showed that the risk of becoming a teenage mother is almost 10 times higher among women whose family is in the lowest social class than among those whose family is

in the highest class. In addition, teenagers who live in public housing are three times more likely to become mothers than their peers in owner-occupied housing.⁴⁶

American teen pregnancies⁴⁷

- Each year, almost one million teenage women fall pregnant
- One in three girls becomes pregnant by the age of 20
- 78 per cent of these pregnancies are unplanned
- Each year, an estimated four million STIs occur among teenagers; rates of gonorrhoea and chlamydia are high compared to other countries

Discussing sex at home can help in promoting safer sex: the US Center for Disease Prevention found that adolescents whose mothers talked to them about condom use while they were still virgins were three times more likely to use condoms when they did have sex.⁴⁸

And yet, in many countries, reproductive rights are being undermined. In the US, which has signed but not ratified the Convention on the Rights of the Child, a campaign exists to encourage state legislatures not to allow

A young woman is examined in Sri Lanka. One in ten births worldwide is to a mother who is a child herself.



LIBA TAYLOR

a woman under a certain age contraception without her parents' consent. The Center for Reproductive Rights notes: "These laws harm young women in numerous ways, including increasing the risk of potential physical and emotional abuse, interfering with access to confidential medical care, creating delays in access to medical care, and imposing forced teen motherhood."⁴⁹

At the same time, teenage mothers are often the butt of negative stereotyping and social censure.

In the UK, the YWCA has been running a campaign called 'Respect Young Mums' to counter this tendency. It found that: "negative images of young mums put forward by politicians and the media have a damaging effect on how young mums are treated by the public and by professionals." Articles about young mothers in the media were three times more likely to be negative than positive.

Christina, 18, lives with her five-month-old daughter Kelci and Kelci's father in a council flat in Northampton. She says: "Life would be easier for young mums if they had equal rights. They could just get on with being a mother instead of fighting the system... you know, housing, social security, school. People should treat you with the respect you deserve and which older women automatically receive. It's tough being a young mum, but it's much tougher if people don't treat you equally."⁵⁰

While young mothers like Christina feel they are not treated with respect because they are seen as too young to give birth, paradoxically, in many countries in the South, a young woman of her age would already be married and be expected to have children by this time. The negative reaction would come if she didn't have children, not if she did. What she would have in common with Christina is the lack of a right to choose what she feels is right for her.

Stand up to end our suffering

Sophie Gbesso is a 19 year-old secondary school student at the Government Secondary school in Aplahoue, Benin. She is a member of the Kids Waves radio

programme in Benin which broadcasts about the rights of children all over West Africa. She is one of 30 young people who contributed to the development of Plan Benin's project on adolescent sexual health, which they called *Miaglo Vevi Sesse (Stand up to end our suffering)*. Having listed what she saw as the main problems young people in her area faced, this is what Sophie said:

"What can we do about this situation? We first of all need to get together as a group and claim our rights. We want parents in our communities to stop abusing their children. We want them to give us the freedom to express ourselves. We need NGOs and we need the government to assist us. They should help us secure our rights and they should develop programmes that address our real issues. HIV prevention and sexual health promotion are all very interesting but they are only a small part of the problems we face as adolescents growing up in rural Benin.

"We want our government to be present in our communities. We want them to enforce the laws that protect the rights of children and young people. We want our government to work hand in hand with NGOs to create spaces for young people to meet, and to create services that meet the needs of young people.

"International donor agencies also have an important role. They should help finance those organisations and services that are responsive to our real needs. They should support our education system so we can have quality education in a safe environment. They should stop telling us what our problems are, and take us seriously when we tell them that our education, our health, and our sexual health are at risk because we have to walk for hours to get to school, and we don't have anything to eat until we get home in the evening."

Sophie took part in a documentary about adolescents in Couffo shown at the Toronto international conference on AIDS. She was one of six young people from Benin and Togo who authored an essay on adolescent sexual health. Her contribution was published in *The Lancet* in mid April 2006.⁵¹

9. Abortion

Adolescent girls are more likely to have an abortion than older women. Each year, 4.4 million young women aged between 15 and 19 have abortions – one in ten of all abortions.⁵² Forty per cent of these are carried out under unsafe conditions.⁵³ Young women are more likely to seek an abortion late and to seek help from people who have no medical training, for fear of being found out. The World Health Organisation says: "It is believed that the majority of abortions for adolescents are carried out by unskilled staff in unsafe conditions."⁵⁴ These abortions are also more likely to pose a risk to the girls' lives. In Argentina and Chile, more than one-third of maternal deaths are to teenage mothers as a result of unsafe abortions. In Sub-Saharan Africa, up to 70 per cent of women who end up in hospital as a result of unsafe abortions are under 20 years old; in one Ugandan study, adolescents made up 60 per cent of deaths from unsafe abortions.⁵⁵

In industrialised countries, the abortion rates for young women aged 15 to 19 range from 3 per 1,000 in Germany to 6 in Japan, 19 in England and Wales, to a high of 36 per 1,000 in the US.⁵⁶

Teenage girls seek abortions for a number of reasons, some of which are specific to their age:

- Fear of upsetting parents or bringing shame to the family
- Fear of expulsion from home, school or work
- No stable relationship
- No money to care for a child
- The desire to complete their education before having a baby
- Fear of not finding someone who will marry them if they have a child

- Not liking the father of their child
- Becoming pregnant as a result of incest or sexual abuse
- Not using contraceptives or contraceptive failure.

Twenty-six per cent of the world's population lives in one of the 72 countries where abortion is illegal. Most of the other countries also have some form of restriction. This figure is changing all the time, and in the current climate, this is often in the direction of more restrictions.

Min Min's story

Min Min Lama, a young woman in Nepal, was sexually abused by her sister-in-law's brother and became pregnant at the age of 13. Her abuser was charged with rape but released. Min Min was imprisoned after her family arranged for her to have an abortion, because her sister-in-law reported this to the police. At that time, abortion was illegal and Min Min, now aged 16, was sentenced to 12 years in prison. Two-thirds of all Nepali women in prison were there because of abortion.

Thanks to the efforts of women's advocacy organisations in Nepal, in September 2002, abortion was made legal during the first 12 weeks of pregnancy and up to 18 weeks in cases of rape, incest, fetal impairment or to protect a woman's health. Min Min has now been freed.⁵⁷

10. Obstetric fistula

Two million women live with a chronic condition that ruins their lives. Many of them acquire the condition at a young age. They have an obstetric fistula, an opening inside the vagina through which there is a continuous leakage of urine or faeces. Obstetric fistulae result from prolonged labour in childbirth, and are common in very young mothers and in women who have undergone infibulations, the most severe type of genital cutting. Often their baby has died. The grieving mother is often thrown out by her husband and family

and lives in poverty and isolation. And yet fistula is both preventable and operable.

In 2003 the UNFPA launched the Campaign to End Fistula which currently covers over 30 countries in Sub-Saharan Africa, South Asia and the Arab States.

Najwa's story

Najwa, 24, has suffered from fistula for most of her adult life. Married at 17, she became pregnant right away. No-one told her how many things could go wrong during childbirth, and she was alone when her labour began. A day, or traditional birth attendant, was sent for on the second day. After four agonising days of pushing, Najwa was taken to the regional hospital. But it was too late. The baby was delivered stillborn, and Najwa had developed a fistula. Her husband abandoned her, refusing to take her back because she was leaking urine. Fortunately, Najwa's family took her in. Three months later, she made an arduous journey across the desert to Khartoum, where one of the only fistula centres in Sudan is located. Because the damage she sustained was so severe, the first surgery did not correct the problem. It was several years before Najwa could afford to make the long trip again. This time the surgery was successful, and she can now return home. But she has no intention of remarrying. Instead, she says, she will help her brother and his wife raise their children.⁵⁸

11. Sexually Transmitted Infections (STIs)

Worldwide, women contract sexually transmitted infections (STIs) at more than five times the rate of men. STIs are the second-most important cause of diseases for women aged 15-44 in developing countries. In addition, having one or more STIs increases the risk of becoming infected with HIV by two to nine times. STIs occur most often in young people between the ages

of 15 and 24. Every day, more than 500,000 young people are infected.⁵⁹ Young women are particularly susceptible by virtue of their age and the fact that they are vulnerable biologically, culturally and socio-economically. The majority of STIs do not have any symptoms in women (60-70 per cent of gonococcal and chlamydial infections), are difficult to diagnose, and have serious and long-term complications, such as pelvic inflammatory disease, cervical cancer, and ectopic pregnancy. Young women are also less likely to seek treatment because they do not know they are infected, because there is nowhere they can go, or because they cannot afford treatment. There is also a stigma attached to having an STI which might prevent a young woman telling anyone she thinks she is infected.

12. HIV and AIDS

Millennium Development Goals

Goal 6

To halt and begin to reverse the spread of HIV/AIDS by 2015.

"The AIDS epidemic cannot be understood, nor can effective responses be developed, without taking into account the fundamental ways that gender influences the spread of the disease, its impact, and the success of prevention efforts." UN Millennium Project ⁶⁰

The AIDS epidemic continues to grow, with UNAIDS reporting 39.5 million people living with HIV in 2006. There were 4.3 million new infections, 65 per cent of these in Sub-Saharan Africa. But they are also increasing elsewhere: in Eastern Europe and Central Asia, infection rates have increased by as much as 50 per cent since 2004. Women made up 17.7 million (48 per cent) of those infected, and children under 15, 2.3 million.⁶¹

The figures for young women are much worse than those for young men – an estimated 7.3 million young women are living with HIV and AIDS, compared to 4.5 million young men. In Sub-Saharan Africa, the face of HIV is female. Fifty nine per cent of people living with the

virus in the region are women. And young women between the ages of 15 and 24 are between two and six times as likely to be HIV-positive than young men of the same age.⁶² Two thirds of newly infected youth aged 15-19 in sub-Saharan Africa are female.

More than half a million children under 15 died of HIV in 2006. A young person under 15 is said to contract HIV every 15 seconds. An estimated 530,000 children under 15 were newly infected with HIV in 2006, mainly through mother-to-child transmission. Without treatment, 50 per cent of infected infants will die before their second birthday.⁶³

Sub-Saharan Africa continues to be the worst hit. 85 per cent of all children under 15 living with the disease and 57 per cent of child deaths from HIV are in Africa. In Eastern Europe and Central Asia, around 75 per cent of the reported infections between 2000 and 2004 were in people younger than 30 years (in Western Europe, the corresponding figure was 33 per cent).⁶⁴

Thankfully, infection rates have declined in some countries, with young people in particular showing positive trends in their sexual behaviours – increased use of condoms, delaying the age they first have sex, and having fewer sexual partners. HIV prevalence among young people has declined in Botswana, Burundi, Côte d'Ivoire, Kenya, Malawi, Rwanda, Tanzania and Zimbabwe.⁶⁵

Why are girls more vulnerable? The reasons

are partly to do with their physiology – the biological risk of HIV transmission during vaginal intercourse is higher for women than for men because the wall of the vagina is delicate and abrasion can cause entry of the virus. But once again, their lack of status in society, and the discrimination and powerlessness that girls face, make them more vulnerable. Often girls do not know how to prevent the disease even if they had the power to do so. Fewer than one-third of young women aged 15-24 in Sub-Saharan Africa fully understand how to avoid HIV infection.⁶⁶ Early marriage, sexual abuse, lack of education and economic means, the inability to negotiate sex and contraception, all make girls more at risk of infection than boys. The biggest risk factor for girls, by far, is inter-generational sex. The large age difference between sexual partners is driving the epidemic among girls and young women because their partners are more likely to be sexually experienced, and therefore infected. Research from South Africa confirms how culturally-sanctioned gender roles foster the power imbalances that facilitate young women's risks, for example, women have few options for exercising personal control in their sexual relationships.⁶⁷

The consequences of the epidemic are severe for girls. They are more likely than boys to drop out of school to look after siblings if their parents are sick or die. By the year 2020, a quarter of all children in medium-prevalence countries

Young women and young men living with HIV (aged 15-24)

	Total	Proportion Young Women	Proportion Young men
Sub-Saharan Africa	8,600,000	67	33
North Africa and the Middle East	160,000	41	59
East Asia and the Pacific	740,000	49	51
South Asia	1,100,000	62	38
Central Asia and Eastern Europe	430,000	35	65
Latin America and the Caribbean	560,000	31	69
Industrialised countries	240,000	33	67
World	11,800,000	62	38

UNICEF/UNAIDS/WHO, 2006.

are expected to have one parent with HIV by the time they are five years old. The number of orphaned children is decreasing in all parts of the world apart from Sub-Saharan Africa, where 12.3 per cent of children (43 million) are orphaned. This number is projected to reach 50 million by 2010. 25% of them are orphaned as a result of the HIV epidemic.⁶⁸ Fewer than 10 per cent of the children who have been orphaned by AIDS receive any public support or services.⁶⁹ In addition, children affected by HIV and AIDS are more likely to suffer from exclusion and discrimination and to be affected by poverty when they lose the family wage earner.

Proscovia's story ⁷⁰

Proscovia is 17. She lives in Uganda and has just completed her O levels. She talked to Straight Talk's student journalists: *"My mother died when I was 13. I was the one in the hospital washing her and taking care of her. She didn't tell me that she had HIV. I found out from my dad. She died in 2000. My brother died when he was eight in 2001 and my sister died when she was six in 2002.*

"I was also born with the virus but I lived without getting sick until I was in secondary school. Then I got very sick. I weighed only 32 kgs. At first I hated and stigmatised myself. Most of the time I would sit away from my friends and cry. But then I got counselling and it changed my life. I am now on anti-retrovirals and doing well. My advice to fellow youth is: 'Avoid self-stigma. Feel free and get counselling.' I am not planning to get married. I do not want to infect anyone. If I get a job, I'll just stay with that."

Around 700,000 children are in need of anti-retroviral drugs for HIV. Without preventive measures, about 35 per cent of children born to HIV-positive mothers will contract the virus during birth. But fewer than 10 per cent of pregnant women are being offered preventive services to stop them passing on the disease to their babies.⁷¹

HIV and peer education in China

In China, the numbers of girls and women with HIV are increasing. A total of 650,000 people are infected. Between 2002 and 2004 the percentage of women as against men with the disease rose from 25 to 29 per cent. Zhang Xueqi is one of a group of students in Hefei, the capital of Anhui province in eastern China, who are tackling the threat of HIV/AIDS through games, drama and peer education. "HIV/AIDS is becoming a big problem in China and more and more people are paying attention to it. In the old days, people were scared of this disease and even now only a few people can face it reasonably. That's why we were trained as peer educators, so that we can help to change people's thoughts about HIV/AIDS.

"We spent a day playing games with university students and our English teacher Ms Liu. We learned a lot about HIV prevention and how to run workshops with our own classes. At first we were very embarrassed talking about how HIV/AIDS is transmitted, especially us girls. But doing the peer education has given us more confidence. Last year we put on a play about dating. There were two couples, where both of the boys were trying to persuade the girls to go with them. There were two endings. One girl refused the boy and the other agreed to go with him. Through this we were trying to change attitudes. It's not just about getting knowledge, it's how we use it too."⁷²

The UN estimated in 2006 that a total of \$1.6 billion was needed to provide support to children affected by HIV and AIDS, although once again this is not differentiated between girls and boys. However, Save the Children Fund estimated that at the time of the 16th International AIDS Conference in August 2006, only 25 per cent of the money needed had



SVEN TORFINN

These children in Uganda lost their mother to AIDS. Women and girls are physiologically and socially more vulnerable to HIV infection than their male counterparts.

been committed. In addition to resources, UNICEF's Unite Against AIDS Campaign has identified Four Ps which "will make a real difference in the lives and life chances of children affected by AIDS":

- Prevent mother-to-child transmission of HIV. By 2010, offer appropriate services to 80 per cent of women in need.
- Provide pediatric treatment. By 2010, provide either anti-retroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need.
- Prevent infection among adolescents and young people. By 2010, reduce the percentage of young people living with HIV by 25 per cent globally.
- Protect and support children affected by HIV/AIDS. By 2010, reach 80 per cent of children most in need.⁷³

For girls, specifically, what will make the biggest difference in terms of reducing the incidence of HIV is the opportunity to negotiate when and how they have sex. This will only happen when they take, or are given, the power to do this, which means ensuring that they are not forced into sex by poverty, or custom, or culture. Once again, education is the key. A study in the British journal *The Lancet* noted that: "Studies of HIV in Africa and Latin America have shown that women's education lowers their risk of HIV infection and prevalence of risky behaviours associated with sexually transmitted infections including HIV, and increases their ability to discuss HIV with a partner, ask for condom use, or negotiate sex with a spouse. Primary education has a substantial positive effect on knowledge of HIV prevention and condom use, but secondary education has an even greater effect. Girls who attend secondary school are far more likely to understand the costs of risky behaviour and even to know effective refusal tactics in difficult sexual situations."⁷⁴

Increases in the numbers of those receiving ARV (anti-retroviral) treatment will also make a big difference. The figures in low and middle income countries are still low, for example in 2005 only nine per cent of pregnant women

with HIV were receiving ARVs for preventing transmission to their children. However, this was an increase from three per cent in 2003. And some countries have seen big improvements in this area: in Namibia, the percentage of HIV-infected pregnant women who received ARVs increased from six per cent in 2004 to 29 per cent in 2005. In South Africa the percentage increased from 22 per cent in 2004 to 30 per cent in 2005.⁷⁵

Young women themselves are asking for youth-friendly services, which can inform young people about their sexual and reproductive health rights and provide wider access to voluntary counselling and testing. They want affordable health services that cater for young people whether they are married or not, offer low-cost or free condoms and provide treatment for sexually transmitted infections. They want guaranteed confidentiality, flexible opening hours (to cater for young people who work and study), and free voluntary counselling and testing and anti-retrovirals for all.⁷⁶

13. What still needs to be done?

Women, and young women in particular, face a range of health problems that can be linked directly to the fact that they are still the second sex. An article in the British journal *The Lancet* points out that: "Long-term and sustained improvements in women's health require rectification of the inequalities and disadvantages that women and girls face in education and economic opportunity."⁷⁷ If you are a woman, and young, and poor, you are also vulnerable in terms of your health.

Globally, there has been some progress made on improving girls' and women's health, although the lack of disaggregated data on the health concerns that disproportionately affect girls and women can make the picture unclear.

Some initiatives that are working are:

- Efforts to ensure that girls are better nourished, have equal access to clean water, and are looked after as well as their brothers would prevent the diseases

of poor nutrition being passed on from generation to generation. School feeding programmes with iron fortification work well for girls in secondary school

- Providing young women with access to quality, girl-friendly sexual and reproductive health services, including information, counselling, and better technology (including diagnostics and preventative). Sexual health education delays the onset of sexual activity and helps young people to avoid risky behaviour when they do have sex
- Unsafe abortions lead to teenage deaths. Therefore steps to ensure that young women can prevent undesirable pregnancies are necessary. Wherever girls have to resort to abortion, their life and health should not be put at risk
- Government and community actions against early marriage and female genital cutting are working (see more detail in Chapter 2 – Family Life)
- Girls and young women, who often feel under pressure from the images portrayed in the mass media, suggest that they need positive information for a better self image. The media can itself play an important role by informing young people about important reproductive health concerns and where to obtain services

14. Girls' voices

"We do not have access to contraception. We are stigmatised if we have a child before marriage. We do not have the right to abortion. What a dilemma! How can we not die if we are exposed to risky abortions? How can we not resort to abortion if a child before marriage is a sacrilege? How can we avoid having children when there are no contraceptive services? We wish to affirm that one of the best weapons in the fight against risky abortions among the young is to respect our rights, starting with the right to information."

Brison Ebaya, DR Congo⁷⁸

"Reproductive health and sexuality... is not discussed adequately in school and not even at home. Certain behaviours of male members of our communities lead our (girls') lives into risk situations. But such things are always kept at a low level and are not able to be reported due to cultural constraints. Although these situations put our lives into unbearable status, such situations continue without being addressed."

Champi, aged 15 years, Sri Lanka⁷⁹

"Girls are the ones that are involved in cleaning the surroundings and disposing rubbish. Most times girls contract deadly diseases while disposing waste. They contract diseases like cholera which kills in a short time."

Judith, aged 14, Zambia.⁸⁰