Transforming African Nations through meeting young Women's Reproductive and Sexual Health needs

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Abstract

This paper looked into transforming African Nations through meeting young women's reproductive and sexual health needs. It examined and discussed the sexual and reproductive lives of young women, sexual exploitation, abuse of young women and HIV/AIDS. The following recommendation were made among others. To provide Health Education to adolescents, including information on sexuality, responsible sexual behaviour, reproduction, abstinence, family planning, unsafe abortion, STIs including HIV/AIDS and gender roles.

Introduction

With more young people on earth than ever before, the sexual and reproductive lives of today's young women will have dramatic effect on the health, prosperity, and size of the world's future population. Today's young women are the healthiest and most educated to date, but they still face obstacles to achieving their full potential (Population Reference Bureau, 2000). For example, complications from pregnancy, childbirth, and unsafe abortion are the major causes of death for

women of ages 15 to 19 in less developed countries. Additionally, young people ages 15 to 24 have the highest infection rates of sexually transmitted infections (STIs), including HIV/AIDS, and teenage women are becoming infected at twice the rate of teenage men. (Population Reference Bureau, 2000). Policies and programmes that work for the advancement of women must address the unique needs of young women in the vulnerable and often overloaded age group of 10 to 19.

In 1994, governments agreed at the International Conference on Population and Development (ICPD) to meet the needs of adolescents and youths for information, counselling, and high quality sexual reproductive health services as a way to encourage them to continue their education, maximize their potentials, and prevent early marriage and high – risk child bearing (United Nations, 1994). The ICPD and the Fourth World Conference on women in Beijing in 1995 recognised these goals, not only as needs of young people, but also as their rights. This study therefore wants to look at transforming African Nations through meeting young women's reproductive and sexuality health needs.

The Sexual and Reproductive lives of young women

Age at marriage is one of the many aspects of young women's lives currently in transition. Overall marriage before age 18 is less common than it was a generation ago, but there is regional variation compared with what we had 20 years ago, early marriage has declined, however girls are still marrying at a young age in some countries. Northern Nigeria is a good example as a result of religious factor.

Marrying later in life has a number of implications for young women. Those who marry later are more likely to have a basic education and have fewer and healthier children. However, later marriage, combined with increased premarital sex

among adolescent puts young people at greater risk of unwanted pregnancies, unsafe abortion, births out of wedlock, and STIs, including HIV/AIDS.

Premarital sex activity is common in many parts of the World and is reported to be on the rise in all regions (PRB, 2000). In many countries in Africa young women and men are under strong social and peer group pressure to engage in premarital sex. The average age of marriage has risen in many parts of the World and the age of puberty for women has fallen, giving young people more years "at risk" of having premarital sex.

For example, in Kenya, there is more than a three years gap between age at first intercourse and age at marriage. Survey show that the percentage of women having premarital sex by age 20 is 44 percent in Tanzania (Singh, 2000). Serious risks and consequences accompany increased premarital sex, particularly when young people do not have access to adequate reproductive health services and information. Specifically, these risks can include STIs, HIV/AIDS, and unintended pregnancies. When faced with an unintended pregnancy, many young women will seek an abortion, which in many countries is inaccessible, illegal or unsafe. Unsafe abortions, self-induced or done by an untrained provider can result in severe illness, infertility, and even death. Complications from unsafe abortion are the leading cause of death among teenagers in some countries (Senderowitz, 1995).

Adolescents women are less likely than women over age 20 to use contraceptives. Reasons for this include lack of information, misinformation, and fear of side effects, along with geographic, social and economic barriers to access and use of contraception. Typically, family planning services are designed to serve married, adult women. Unmarried teens may find service providers hostile or unhelpful, especially where strong cultural or religious beliefs condemn sexually activity among unmarried adolescent. Teens may be unwilling to disclose their sexual activity to parents of service providers. Also, the sporadic and unplanned nature of adolescent sexual activity can be an obstacle to consistent contraceptive

use. Survey indicates that 12 percent to 42 percent of married adolescent women in less developed countries who say they would prefer to space or limit births are not using family planning. If sexually active, unmarried adolescents were included in the surveys, the unmet need percentage would certainly be higher (Shane, 1997).

According to Alan Guttmacher Institute 1998 of the 15 million young women ages 15 to 19 that give birth every year, 13 million live in less developed countries. Thirty three percent of women in less developed countries give birth before age 20 ranging from a low level of 8 percent in East Asia to 55 percent in West Africa. In more developed countries about 10 percent of women give birth by age 20; however, in the United States, the level of teen child bearing is much higher, at 19 percent.

Young women and their children face serious health consequences from early pregnancy and child bearing. More adolescents girls die from pregnancy related causes than from any other cause. Because they have not completed their growth, adolescent girls are at greater risk of obstructed labour (When the birth canal is blocked), which can lead to permanent injury or death for both the mother and infants. Infants of young mothers are more likely to be premature and have low birth heights. In many countries, the risk of death during the first year of life is 1.5 times higher for infants born to mothers under age 20 than for those born to mothers ages 20 to 29 (Shane, 1997). All women face higher risks during first births than in subsequent births; for teens, the risks are greater still. Because adolescents have less experience, resources, and knowledge about prenatal care and childbirth than older women, they and their children suffer when obstetric emergency arise.

Sexual Exploitation and Abuse of Young Women

Because sexual violence and exploitation are abuse of power, young women are especially at risk, and the violations can have devastating and long lasting consequences. Statistics on rape suggest that between one – third and two – thirds of rape victims worldwide are 15 year old or younger (Heise, 2000). Since girls are more likely than boys to be subjected to sexual violence, girls are at risk of becoming infected with HIV and other STIs at a much younger age. Other risks include unwanted pregnancies, physical injury, and psychological trauma. Studies also show that young people are more likely to engage in high – risk sexual behaviour than those who have not been abused (Heise, 2000).

Sexual exploitation of children and adolescents is a multibillion – dollar illegal industry, according to (United Nations Children Fund, 2000). Some young people become prostitutions in order to make money. In places like Bangladesh, Nepal and Philippines, young people are lured or forced in prostitution (Heise, 2000). Similarly, poverty leads many young women in sub-saharan Africa and else where into sexual relationships with older men, sometimes, known as “Sugar Daddies” who give the young women money and other necessities, such as clothing and school fees, in exchange for sex.

Young Women and HIV/AIDS

Half of all people infected with HIV are under age 25, according to World Health Organization estimates, and about half of all new infections are among 15 to 24 years old (Joint United Nations Programme on HIV/AIDS, 1998). Ninety – Five percent of people with HIV live in the less developed World.

Young women are particularly vulnerable to STIs, including HIV/AIDS, for biological and cultural reasons. Adolescents in general are at high risk of contracting HIV and other STIs because they often have multiple, short term sexual relationships, do not consistently use condoms and lack sufficient information on

how to protect themselves from HIV/AIDS. Adolescent women, in particular, are at a biological disadvantage because they have fewer protective antibodies than other women, and the immaturity of the cervix increases the likelihood that exposure to the infection will result in the transmission of the disease (AGI, 1998). Moreover, because women often do not show symptoms of Chlamydia and gonorrhea, the most common STIs and because having another STIs increases an individuals susceptibility HIV, women's risk of contracting and spreading these infections is especially high. In fact, teenage women become infected with HIV/AIDS at twice the rate of teenage men. In addition, sexual violence and exploitation, lack of formal education (including sexuality education), inability to negotiate with partners about sexual decisions and lack access to reproductive health services all work together to put young women at high risk.

Conclusion

Research and program experiences suggest that policy makers and health providers need to remove legal and institutional barriers that impede young people access to existing family planning and reproductive health services. In addition, information and services need to be designed to accommodate the unique needs of adolescents and young adults. Example include providing sexuality education in schools before teens become sexually active, providing specially designed services for youths in clinics or community settings, and using popular entertainment, mass media, and peer education, where young people are trained to talk to their peers to convey information on sensitive topics. Successful programmes are usually those that involve youth in design and implementation.

Sexuality Education for youth has long been hampered by adult concerns that knowledge will promote promiscuity among unmarried teens. However World wide reviews of studies by the World Health Organization and United Nations conclude that sexuality education does not encourage early initiation of intercourse,

but can delay first intercourse and lead to more consistent contraceptive use and safer sex practices.

Recommendation

Meeting young women's needs for reproductive health information and services is vital to their future and transforming African Nations. These are action that can be taken to improve the sexual and reproductive health of adolescents.

1. Provide Health Education to adolescents, including information on sexuality, responsible sexual behaviour, reproduction, abstinence, family planning, unsafe abortion, STIs including; HIV/AIDS, and gender roles
2. Encourage parental involvement and promote adult communication and interaction with adolescents.
3. Use peer educators to reach out to young people, they should provide guidance and counselling
4. Provide integrated health services for adolescents that include family planning information and services for sexually active adolescents.
5. Make health services adolescent friendly by ensuring confidentiality, privacy, and respect, and by providing the high quality information necessary for informed consent.
6. Take measures to eliminate all forms of violence against women and end trafficking in women.

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