Reproductive Health Issues and Challenges in Asia and the Pacific:

Mobilizing Girls' Power

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At the dawn of the third millennium, there are more young people on earth than ever before. Of the world's 6.4 billion people, over 1.2 billion are aged between 10 and 19. The majority of these adolescents reside in the Asian and the Pacific region; that is 740 million or three out of five.

Verging on adulthood, this largest generation of adolescents and youth in history holds the key to our society's common future and, what is more, to the very nature of this future. Yet in a fast changing world, young people are increasingly coming under threat.

Of the 1.2 billion adolescents, half are poor and a quarter live in extreme poverty (on less than a dollar a day) and the majority of these underprivileged youth are citizens in the Asian and Pacific region. Adolescent pregnancy, sexually transmitted diseases (STDs) and the subsequent risk of infertility, as well as HIV/AIDS, which affects about 8 million people in the region, are among the main threats looming over them.

Largely ignored by the existing reproductive health services until recently, the problems and needs of adolescents and youth in the area of reproductive health are of growing concern today. In the wake of the landmark International Conference on Population and Development (ICPD) held at Cairo in 1994, emphasis is increasingly being placed on this population subgroup. Reaffirming the Cairo Programme of Action, the recently concluded Fifth Asian and Pacific Population Conference (Bangkok, 2002) recommended to "provide adequate access to youth-friendly, age-appropriate, evidence-based sexual and reproductive health information, education, counseling and services on the sexual and reproductive health of adolescents; provide appropriate life-skills training for adolescents to promote female empowerment and male responsibility in reproductive

health; address the adverse consequences of early sexual activity, marriage, pregnancy and childbearing, and the risks associated with early and unprotected sexual activity, including early and unwanted pregnancy, HIV/AIDS and other sexually transmitted infections, through the promotion of responsible and healthy reproductive and sexual behaviour". Both the ICPD Programme of Action and the subsequent Plan of Action on Population and Poverty of the Fifth APPC called in particular for a substantial reduction in adolescent pregnancy.

Motherhood at a very young age indeed entails a risk of maternal mortality that far exceeds the average, and the children of young mothers tend to have higher levels of morbidity and mortality. Because adolescents are physiologically and socially immature, health risks associated with their pregnancies and childbearing are more pronounced than are those among older women. Most important, adolescent women also face increased risks during pregnancy and childbirth because they have less information and access to prenatal, delivery and postpartum care as compared with older women.

Two distinct demographic trends that coexist in the Asian and Pacific region have important implications for the sexual and reproductive health of adolescents and youth. First, there is the widening gap between sexual maturity and age at marriage, which results in premarital sexual activities among adolescents in many countries of the region. The second trend is the continuing prevalence of adolescent marriage and the low use of contraceptives during adolescence, resulting in a high rate of adolescent fertility.

A number of studies have documented the trend of a fall in age at menarche, which implies an earlier onset of adolescence, sexual maturity and the ability to reproduce. This trend is commonly attributed to a variety of environmental, genetic and socio-economic factors, including improved nutrition. The current average age range for the attainment of puberty is 9-14 for boys and 8-13 for girls. As a result, young girls are biologically mature enough to engage in sex and become pregnant at an earlier age, although they may not be emotionally and psychologically mature enough to understand the implications.

As mentioned earlier, the lack of information and access to prenatal, delivery and postpartum care can be very detrimental for adolescent mothers. Yet this issue of access to adequate information and services extends far beyond the sphere of expecting young women. This is a matter of concern for the entire adolescent subgroup, as already pinpointed by the ICPD Programme of Action.

Risky reproductive health-related behaviour among adolescents and youth generally occurs as a result of various factors and "barriers", amongst which is the limited access to adequate information and services. Cognitive distortions and a sense of non-susceptibility lead to uninformed decisions, which may result in unwanted pregnancy and STDs. The notions that they are "too young to be pregnant" and that "unprotected intercourse just once could not lead to conception or STD transmission" are prevalent among teenagers.

Besides, health systems in most countries, particularly in Asia and the Pacific, generally do not specifically address adolescents' needs and thus they often do not feel comfortable visiting clinics designed for adults. While youth recognize these places as a source of information and services, they hesitate to use them for fear of being scolded or turned away. Moreover, health-care providers are often unprepared to discuss sexuality issues with adolescents and may fear erroneously that the provision of contraceptives will condone premarital sexual activity.

In the context of the erosion of traditional parental control over premarital sexual behaviour and the declining role of family members, peer pressure is yet another factor of great concern, along with economic constraints. This latest factor can lead youth to get involved in sexual relations for economic gain or might affect their ability to buy contraceptives or seek medical services. In addition, the gender power imbalance is particularly important for adolescent girls, who appear as the most vulnerable subgroup of youth in terms of sexual and reproductive health.

Against this backdrop, and although Governments in the region have started to recognize the importance of sexual and reproductive health issues of adolescents,

HIV/AIDS can only pose a formidable threat to the still vulnerable adolescent reproductive health "safety net" of the region. Tackling the pandemic is one of the most daunting challenges Asia and the Pacific is facing.

Increasingly becoming a disease of the young, the spread of the epidemic is fuelled by poverty and severe lack of information and prevention services. While over 40 million people worldwide were living with HIV/AIDS at the end of 2003, a total of five million people were newly infected in 2003. More than half of these newly infected with HIV are under the age of 25.

It has been found that while women, in general, are more likely than men to be infected with HIV during unprotected vaginal intercourse, prevalence of HIV infection among adolescent girls is strikingly high. Biologically, young girls are vulnerable to the risk of HIV transmission because their genital tracts are not fully mature. There are also other cultural and economic factors that multiply the risk of contracting HIV infection among adolescent girls. While both girls and boys engage in consensual sex, girls are more likely than boys to be uninformed about HIV, including their own biological vulnerability to the infection. Girls are also far more likely than boys to be coerced or raped or to be enticed into sex by someone older, stronger or richer. Moreover, the vulnerability of girls to the virus is increased because in some societies, a mistaken belief exists that having sex with a virgin can cleanse a man of infection.

At the Special Session on HIV/AIDS of the United Nations General Assembly in June 2001, Heads of State and Government committed themselves to meeting a number of key goals to diminish HIV prevalence among young people aged 15-24. These goals include reducing HIV prevalence among young people by 25 per cent in the most affected countries by the year 2005, and by 25 per cent worldwide by 2010; ensuring that young people have the information, education, services and life skills to reduce their vulnerability to HIV, reaching 90 per cent by 2005 and 95 per cent by 2010.

Most recently, on the occasion of International Women' Day on 8 March 2004, United Nations Secretary-General Kofi Annan called on men to assume the

responsibilities that would reduce the “terrifying pattern” of HIV/AIDS infection among the world’s women. “What is needed is positive, concrete change that will give more power and confidence to women and girls, and transform relations between women and men at all levels of society”, he said.

This all-out war against what Mr. Annan called earlier “a weapon of mass destruction” might well be waged by means of some of the success stories countries of the region are experiencing (see side-bar). Yet the tale of their successful replication and adaptation to suit the region’s formidable diversity is still to be written.

Time for success stories

A host of successful practices in the area of reproductive health have been implemented in various countries of the region. Here are some examples:

- Thailand: 100 per cent condom use

The Government of Thailand carried out a campaign promoting “100 per cent condom use” among commercial sex workers and embarked on an ambitious effort to change male attitudes towards women. Young men reduced their visits to sex workers by almost half between 1991 and 1995. Their condom use increased to nearly 95 per cent from about 60 per cent a few years earlier. This translated into a drop in the percentage of young men infected with HIV from 8 per cent in 1992 to less that 3 per cent by 1997.

- Viet Nam

Increasingly, youth facilitators and educators are being provided with knowledge as well as IEC skills to communicate with their peers. A life-skills approach offers knowledge on ways to prevent stress and sexual abuse, as well as ways to deal with related situations and protect oneself.

- The Philippines

Emanating from the experience of the Remedios AIDS Foundation, mall-based “Youth Zones” (or youth centers) have been created following acknowledgement that young people mostly spend a lot of time hanging out in malls. Insights from various non-governmental organizations have been used to develop this project. Targeting the age group 12-19, Youth Zones aim, among others, to develop “adolescent-friendly” programmes to address a wide range of adolescents’ issues/concerns, to give them factual information regarding sexual and

reproductive health and to train responsible youth leaders who will provide factual information and counseling to others.

- Malaysia

Harnessing the strength of information technology, “chat rooms” (at young people’s own initiative) are gaining interest as a means to address reproductive and sexual health issues. The practice consists in creating online forums where youth can learn and discuss these issues.

- China

The Institute of Child and Adolescent Health at the University of Beijing is conducting a series of programmes on peer education for STI/HIV/AIDS prevention among students in many cities. The programme includes putting up posters and mobile exhibitions, developing health education using broadcasts and television programmes in universities… Telephone hotlines specializing in HIV/AIDS also offer an intimate avenue for dialogue, offering both information and personal counseling.

- Islamic Republic of Iran

The supreme spiritual leader takes the occasion of periodic visits to provinces to spread messages and to advise parents against child marriages for example. Religious leaders also make and allow use of public gatherings such as Friday prayers for local and national public health and family planning authorities to share their views with the public.

What WAGGGS can do to better meet the needs of girls and young women?

In order to address the sexual and reproductive health issues of adolescents and youth, the following strategic elements could be implemented:

1. Promote adolescents’ participation in designing, implementing, monitoring and evaluating RH programmes and projects
2. Promote gender equality and life-skills development among adolescents
3. Improve access to full and correct information for adolescents, including counseling
4. Provide quality gender-sensitive services
5. Build supportive social and community environments and sensitize adults (parents, teachers, religious and community leaders, service providers, etc) to the specific needs of adolescents
6. Promote partnership modalities in programmes and multisectoral collaboration