



Young Adolescents' Sexual and Reproductive Health and Rights: Latin America and the Caribbean

THE REALITIES:

- Very high proportions of boys and lower proportions of girls in Latin America and the Caribbean report having sexual intercourse before age 15.
- Despite their high levels of sexual activity, young adolescents are rarely able to access accurate information about sexuality and reproduction. Few programs are available for young adolescents on gender equality, empowerment, and rights.
- Most 10 – 14-year-old girls and boys can be reached through schools, but few countries have implemented sex education or family life curricula.

International agreements affirm that adolescents have a right to age-appropriate sexual and reproductive health information, education, and services that enable them to deal positively and responsibly with their sexuality.¹ Programs and policies are typically designed for older adolescents, however. This brief—part of the International Women's Health Coalition's series on young adolescents—uses evidence on their sexual and reproductive knowledge and behaviors to argue for more responsive policies and programs in Latin America and the Caribbean, and globally.* We define all boys and girls between the ages of 10 and 14 as *young adolescents*.

In Latin America and the Caribbean, sexual cultures range from permissive to conservative and vary by gender, socio-economic status, race, ethnicity, location, and other factors. For some adolescents, dating and delayed marriage are common, while other young people in the region maintain more traditional patterns of early marriage or cohabitation and childbearing.

SEXUAL INITIATION

Levels of contraception, induced abortion, and early sexual activity are somewhat higher in Latin America and the Caribbean than most other developing regions.² Double standards of sexual behavior pressure boys into initiating sex early while both encouraging and penalizing girls who do so.³⁻⁵

- Very high proportions of boys report having heterosexual intercourse when they were 14 or younger: from 15% in Bolivia and Peru to 46% in Jamaica (see table). Some boys in low-income neighborhoods in Jamaica and Brazil say they began having sex with girls when they were 9 or 10 years old.^{4,6}

*There is little evidence on the sexual and reproductive knowledge and behavior of 10 – 14-year-olds. Except where noted, this brief is largely based on reports by 15 – 19-year-olds of their knowledge and behaviors *before* age 15, drawn from available Demographic and Health Surveys in the region.

- Girls are less likely than boys to report early intercourse. Between 5% in Peru and 16% in Jamaica say they first had intercourse before age 15. Because boys tend to exaggerate their sexual activities and girls to deny them, gender differences in sexual experiences may actually be narrower than they appear.⁷

The proportions of 15-19-year-olds in Latin America and the Caribbean who report having sexual intercourse before age 15 are higher for males than females

		% reporting event before age 15				% attending school (10 – 14)
		M INTERCOURSE	F INTERCOURSE	F MARRIAGE	F BIRTH	M/F
CARIBBEAN						
Jamaica	1994	46	16	—	—	—/—
Dominican Rep	2002	16	13	10	3	94/95
Haiti	2000	28	12	5	1	66/64
CENTRAL AMERICA & CARIBBEAN						
Nicaragua	2001	30	11	9	2	77/82
Honduras	2005	—	9	7	2	—/—
Guatemala	1999	—	8	7	2	83/74
Costa Rica	1991	23	8	—	—	—/—
SOUTH AMERICA						
Colombia	2005	—	14	4	2	88/90
Brazil	1996	34	12	4	1	94/94
Bolivia	2003	15	6	2	1	94/90
Paraguay	1990	—	6	3	1	—/—
Peru	2000	15	5	2	1	95/92

Source: Demographic and Health Surveys, <http://www.measuredhs.com>, Statcompiler, except Jamaica and Costa Rica.⁸ School attendance data are from DHS.⁹

- The minimum legal age for marriage without parental consent ranges from 14 to 21, with 18 being the norm in most countries.⁹ Young couples are far more likely to live together informally than marry, however. Among 15 – 19-year-old girls counted as married in surveys, from 50% (Brazil) to 93% (Dominican Republic) live in informal unions.¹⁰
- Up to 10% of 15 – 19-year-old girls in Nicaragua and Dominican Republic married or started living with their boyfriends by age 14, with other countries reporting somewhat lower proportions.
- Some early unions are the result of pregnancy: 1 to 3% of girls ages 15 – 19 throughout the region were mothers before age 15 (see table). Estimates of induced abortion, most of which are illegal in the region because of highly restrictive laws, are not available by age group.
- A nine-country Caribbean study found that 32% of sexually experienced adolescent boys and 48% of girls say their first intercourse was forced. Coercion is more common among those who first had sex at age 12 or younger.¹¹

- Adolescent boys surveyed in Nicaragua were far more likely than girls to agree with the statement, “If a girl is truly in love with her boyfriend, she should accept the test of love by having sex with him.” Yet, many boys also agreed that “decent girls do not have premarital sex.”⁵

WHAT DO YOUNG ADOLESCENTS KNOW?[†]

Many girls and boys have limited and erroneous information about sex and reproduction, even though some are already experimenting with or are forced into sexual activities at age 14 or younger. For example:

- Among 7th grade students ages 11 – 14 in low-income neighborhoods in Jamaica, one-quarter of girls and one-third of boys say that pregnancy is not possible at first intercourse and almost none know the time during the menstrual cycle when pregnancy is most likely to occur.⁴
- Only 2% of girls who had first sex before age 15 in El Salvador used a contraceptive method; 10% in Costa Rica; and 13% in Paraguay.¹² In Nicaragua, almost 90% of male and female adolescents did not use a contraceptive the first time they had sex, mostly because sex was “unanticipated” and/or because they “didn’t know they needed it.”¹²
- In poor neighborhoods of Recife, Brazil, only 11% of sexually active 13 – 15-year-old boys report consistent condom use with their girlfriends or casual partners.⁶
- A nine-country Caribbean study found that young adolescents—especially those who had sex at age 12 or younger—are far less likely than older adolescents to worry about getting HIV/AIDS and to have used a condom at most recent sex.¹¹
- Only one-third of girls and one-half of boys ages 15 – 19 in Peru and Bolivia spontaneously mentioned condoms as a way to avoid HIV/AIDS, compared with more than 80% of adolescents in Brazil. Almost all sexually active boys and at least two-thirds of girls in these countries knew where to get condoms, however.¹³

POLICY AND PROGRAM RESPONSES

Evidence shows that withholding information and services from young people only increases the likelihood that if and when sexual initiation occurs, it will be unprotected.¹⁴ Young people require not only basic information about their bodies, preventing HIV, sexually transmitted infections, and pregnancy, but also programs that address gender equality, empowerment, rights and responsibilities, and sexual and reproductive negotiation and decision making. The meaningful participation of adolescents in the design of programs, laws, and policies that affect their sexual and reproductive lives should be guaranteed.

Sexuality education: In Latin America and the Caribbean, most young adolescents could be reached through schools. With a few exceptions, from 90 to 95% of 10 – 14-year-olds are currently attending school (see table). Only a few countries, including Colombia and Peru, have adopted national sex education or family life curricula. The 1994 Colombian Sexual Education Law has had little impact, which some attribute to lack of consistent implementation,^{15,16} and some to the strong opposition of conservative religious groups. Implementation of national-level policies will require actions at the state and local levels to engage community leaders and parents, train teachers, and secure resources, and to overcome political and religious opposition.

[†]Data on older adolescents are used here, based on the assumption that 10-14-year-olds would know even less about sex and reproduction than their older counterparts.

Curriculum-based programs have been evaluated in Belize, Brazil, Chile, Jamaica, Mexico, and Peru, but these programs are often of short duration, limited scope, and targeted to secondary rather than primary and middle-school students.¹⁷⁻¹⁹

Sexual and reproductive health services: Health care providers, including pharmacists, are often reluctant to serve young clients with contraceptive and condom information and supplies, especially those below the legal age of consent. In Jamaica, for example, family planning providers said they were hesitant to serve clients younger than 16.⁴ Countries such as Mexico, Brazil, Colombia and Peru have adopted policies and programs to serve adolescents, but implementation has been uneven and the lower age limit is not clear.^{15,20}

Programs must explicitly include girls and boys age 14 or younger who face particular difficulties in accessing information and services, including clinic services offered outside of school hours. In addition, abortion will need to be decriminalized and safe services made accessible throughout the region if girls who seek to terminate an unwanted pregnancy can do so without endangering their lives and health. Providers will require special training to treat young adolescents with confidentiality and respect, and to be sensitive to the possibilities of violence against or sexual abuse of both boys and girls. Investment in both public and private facilities is required in order that adolescents from all socioeconomic strata can access services.

Other approaches: Community groups, peer education and empowerment programs, and youth clubs to provide safe spaces for young people, build their leadership capacities,²¹ and provide information outside of school settings require investment, and the youth clubs that the German Technical Cooperation has been supporting in Nicaragua for the past ten years provide an example.²² Utilizing interactive websites, hotlines, and other media, including television, to provide necessary information to young people should also be explored. Excellent examples of web resources include:

www.decidir.org.mx

Decidir, Mexico

www.puntoj.com.pe

Instituto de Educación y Salud (IES), Peru

www.adolescencia.org.br

Reprolatina, Brazil

FOR MORE INFORMATION:

For references and acknowledgments, please visit www.iwhc.org/resources/youngadolescents/youngadoslac.cfm.

For more information on young adolescents, including additional policy and program recommendations, please visit www.iwhc.org/resources/youngadolescents/index.cfm.

International Women's Health Coalition

333 7th Ave., 6th Floor

New York, NY 10001

212.979.8500

communications@iwhc.org

www.iwhc.org