



The linkages between the MDGs and Young Women's Health



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The Millennium Development Goals (MDGs), agreed upon by governments of the world in the year 2000, have set the priorities for international development for the past decade. In the 10 years since the MDG targets were set, analysis indicates that there is still progress to be made on key issues relating to young people's sexual and reproductive health and rights. The Youth Coalition addresses some of these issues in this factsheet.¹

Focus on adolescent girls and young women to achieve MDG 5

Every day approximately 940 adolescents and women worldwide die due to complications from pregnancy or childbirth.² This recent data shows a decline in maternal mortality from the previously stated statistic of 1500 women dying daily, which had been considered unchanging for years. This is good news showing that priority given to sexual and reproductive health can have significant impact. However, there remain large discrepancies in maternal mortality rates throughout the world. More than 50% of the deaths occur in only six countries and the prevalence of HIV and AIDS has had a significant impact on maternal mortality rates in some countries.

Adolescents aged 15 through 19 are twice as likely to die during pregnancy or child birth as those over age 20; and girls under age 15 are five times more likely to die.^{3,4} Many unsafe abortions among adolescent girls, at least 2.5 million every year, are the result of unintended pregnancies and the inability to access to reproductive health information and services.⁵ Unsafe abortion significantly contributes to high rates of maternal morbidity (including short-term and long-term effects of disease, injury, impairment or disability) and mortality rates, particularly in developing countries. Access to safe abortion is a human right and should apply equally to all women irrespective of age and economic status.

Although the reproductive health issues of women find mention within the MDG Framework, the critical focus on adolescent girls and young women is largely missing.

An excluding terminology?

The concept of 'maternal' generally implies motherhood but it is a fact that a large proportion of pregnancy and childbirth related mortality and morbidity is due to unsafe abortions. This means that we are often talking about unintended pregnancies

or termination of pregnancies of women who do not wish to give birth at that point in their life and hence are not mothers. Therefore, the Youth Coalition prefers the use of the term 'pregnancy and childbirth related mortality and morbidity'. Nevertheless, when talking about MDG 5 or other international agreements, we will use the term, 'maternal' for the purpose of consistency.

The realities for young women

Young people, particularly young women, face social taboos related to their sexuality that hinder their ability to exercise basic human rights that include access to sexual and reproductive health information, education and services. Unmarried young women and girls are often stigmatized when they seek sexual and reproductive health information, services and supplies.

Early and forced marriage of girls leaves them with a lack of skills on how to negotiate condom use or deciding on the number and spacing of children. It also reduces their access to contraception and puts them at greater risk of sexually transmitted infections including HIV, and early child-bearing.⁶ Pregnancy is the leading cause of death for young women aged 15 to 19 in low income countries, with complications of childbirth and unsafe abortion being major factors.⁷

Young women often resort to seeking unsafe abortions because of the many social, legal, economic and procedural barriers to accessing safe abortion services. Such barriers include, but are not limited to, punitive laws, parental or spousal consent requirements, discriminatory attitudes of healthcare providers, lack of confidentiality, affordability of health services, lack of social support and poor access to information. Young women aged 15 to 19 account for at least one-fourth of the estimated 20 million unsafe abortions and nearly 70,000 abortion-related deaths each year.⁸ Annually, women face an estimated 50,000 to 100,000 new cases of fistula, a disorder that leads to uncontrolled passage of urine and faeces. Young adolescents due to their immature and underdeveloped pelvis are at higher risk.⁹

Inequality between women and men in many societies often results in inadequate nutrition and healthcare access for girls and young women. Nutritional deficiencies can lead to anaemia, which is an indirect and preventable cause of maternal mortality. Approximately half of adolescent girls in low-income countries are anaemic.¹⁰

These and other social, cultural and economic barriers contribute to adolescents and young women often being ill-equipped to make informed decisions and take actions related to contraception, conception, pregnancy, safe abortion, child-birth and other aspects of their sexual and reproductive health.

MDG Goal 5: Improving maternal health

Target 5a: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

5.1 Maternal mortality ratio
5.2 Proportion of births attended by skilled health personnel

Target 5b: Achieve, by 2015, universal access to reproductive health

5.3 Contraceptive prevalence rate
5.4 Adolescent birth rate
5.5 Antenatal care coverage (at least one visit and at least four visits)
5.6 Unmet need for family planning

Targets for adolescents and young women

5.1 Maternal Mortality Ratio

The number of adolescents and women dying during pregnancy and childbirth out of 100,000 births is deemed the maternal mortality ratio. Recent data suggests the ratio is going down; however maternal mortality is highly prevalent in six countries: India, Nigeria, Pakistan, Afghanistan, Ethiopia, and the Democratic Republic of the Congo. The majority of the population of these countries and many others are comprised of children and young people. This age group will be entering their sexual and reproductive health years, making it imperative to provide education, services and commodities to continue to reduce the maternal mortality ratio.

5.2 Proportion of births attended by skilled health personnel

Due to the increased of complications from birth, all adolescents and young women should be attended by skilled health personnel at birth. There is no evidence to suggest that adolescents and young women use skilled attendants less, accordingly their use should be promoted and the obstacles facing young women in accessing such care - such as who makes the decision to access care, transportation and affordability - should be addressed.

5.3 Contraceptive prevalence

Sexually active adolescent girls and young women commonly face obstacles to accessing contraceptives, such as insufficient knowledge about different methods, limited access to services, health-care providers who refuse or discourage use of contraception among unmarried young people and weak health care systems unable to ensure reliable supply of contraceptives that are affordable to young women.

5.4 Adolescent birth rate

A number of physiological, social, cultural, and economic factors interact to create a higher risk of morbidity, mortality and negative social consequences on adolescent parents and their children as compared to older parents.¹¹ For example, young mothers are often required to quit of school and have difficulties finding employment. Unmarried young parents also face considerable stigma in many contexts. The focus should not only be on reducing the adolescent pregnancy rate, but also supporting young mothers through this transitional period.



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5.5 Antenatal care

Adolescents have a much higher risk of pregnancy-related complications than women in their twenties and thirties. In low-income countries, the risk of dying during childbirth is twice as high for young women between the ages of 15 – 20 as it is for women in their twenties.¹² Strategies to improve antenatal care for adolescents and young women can possibly detect certain complications and can encourage use of a skilled birth attendant at delivery.

5.6 Unmet need for family planning

The traditional focus of family planning services on married couples excludes large numbers of unmarried sexually active young people who are in need of effective modern contraceptive methods and emergency contraception. Therefore, sexually active people of reproductive age who do not want to get pregnant, find themselves unable to access family planning services. The recent data suggests that maternal mortality rates and total fertility rates are closely linked and accordingly increasing contraceptive use should be a priority to reach MDG 5.

Linkages between Human Rights and Maternal Health

MDG 5 target 5b, *Achieve, by 2015, universal access to reproductive health*, is more than a target, it is a human right. The right to sexual and reproductive health is clearly articulated in the International Conference for Population and Development (ICPD) Programme of Action (PoA), which was endorsed by 179 UN member states in 1994. The ICPD PoA and Beijing Pfa's (World Conference on Women: Platform for Action) rights-based approach to health and development is a prerequisite to achieving the broader goals outlined in the MDG framework.

In 2009, the Human Rights Council adopted a resolution on maternal mortality and morbidity that specifically mentions young girls and women.¹³ This resolution recognizes the unacceptable high global rate of preventable maternal mortality and morbidity as a health, development and human rights issue. The resolution also states that preventable maternal mortality and morbidity affects women and their families in all regions and cultures, and that it is exacerbated by factors such as poverty, gender inequality, age, legal restrictions/constraints and multiple forms of discrimination.

In 2010, the Commission on the Status of Women adopted a resolution on maternal mortality and morbidity that recognizes the linkages with the human rights of women and girls.¹⁴ It calls upon States to address violations of the human rights of women and girls that contribute to maternal mortality and morbidity, and to promote and protect such human rights in order to eliminate preventable maternal mortality and morbidity.

What would accelerate progress towards achieving MDG 5?

Progress has been made since the adoption of the Safe Motherhood Initiative, ICPD and the MDGs. The maternal mortality ratio has decreased from 422 in 1980, 320 in 1990 and 251 in 2007.¹⁵ This is new and exciting news with improved statistical methods of determining the ratio; however this shows only a 1.5% reduction – a long way from the 5.5% reduction needed to meet the MDGs. Research found that a reduction in the total fertility rate, reduction in poverty and an increase in education are strongly associated with an improvement in pregnancy and childbirth related health.

In order to meet these targets, important linkages between the Millennium Development Goals, young people's sexual and reproductive rights and maternal health should be recognized. The Youth Coalition for Sexual and Reproductive Rights, an international organization of young people calls for:

1. Sexual and reproductive health services that are accessible, affordable and youth-friendly. This includes health systems that are responsive to the health needs and rights of women and girls, access to modern contraceptives and related counselling, ante, pre and post-natal care, safe abortion services and post-abortion care, deliveries attended skilled health personnel with an effective referral system in case of complication, safe emergency obstetric care, and STI and HIV testing and treatment.
2. Comprehensive sexuality education for all adolescents and young people which is available in and out of school.
3. Elimination of legal and policy provisions that restrict young people's access to essential services, such as parental and spousal consent and age of consent for provision of such services.
4. Academically rigorous research data, disaggregated by age, to strengthen the evidence base on youth SRH services, policies, programmes, as well as young people's sexual and reproductive health knowledge, behaviours, attitudes and practices current situation and needs.
5. National budgets with specific budget lines for the improvement of maternal health (including a specific line item in the maternal health budget for adolescents and young women's health), and provision of access to sexual and reproductive health.
6. Meaningful participation of young people in programme and policy design, implementation and evaluation, decision-making, budget planning and distribution, at local and national levels.

Learn More

For more information on Maternal Health, please read the factsheet *Young People and Universal Access to Reproductive Health*; for more information about the MDGs and young people, please read *Learning to Speak MDGs - 2nd edition*. Both resources are produced by the Youth Coalition for Sexual and Reproductive Rights, and are available for download on our website: www.youthcoalition.org.

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