

Knowledge Brief

Health, Nutrition and Population Global Practice

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EL SALVADOR

Rafael Cortez

December 2014



KEY MESSAGES:

- The average age of sexual debut among adolescent girls in El Salvador is 16.3 years of age with boys initiating sex at an earlier age.
- The adolescent fertility rate is 76 per 1,000 adolescents (15-19 years of age), well above the regional average of 69.1 per 1,000 adolescents (15-19 years of age). Seven out of ten sexually active adolescents 15-19 years of age become pregnant, with approximately 47 percent reporting that their pregnancy was unplanned.
- Knowledge about sexual and reproductive health and rights (SRHR) is limited among adolescents in El Salvador; they attribute this to insufficient information on the topic, and limited control over their lives and relationships due to societal and familial restrictions.

Introduction

Despite international support for adolescent and youth sexual and reproductive health (SRH) and rights (SRHR) (for example, the 1994 International Conference on Population in Development), young people consistently face high levels of unmet need for contraception, unplanned pregnancies, unsafe abortions, sexually transmitted infections (STIs), and maternal mortality and morbidity. At the global level, adolescent females 10 to 14 years of age are twice as likely to die in childbirth as adult women, and half of all new HIV infections occur in young people between 15 and 24 years of age (Pathfinder International, 2011).

Young people – particularly adolescent girls and young women – continue to face challenges in meeting their SRH needs and rights, impeding their ability to contribute to the country's development. Within this context, the World Bank conducted a quantitative and qualitative study in El Salvador to understand how the country is addressing adolescent SRH and SRHR, among 1,495 adolescents 10 to 19 years of age. The study was funded by the Nordic Development Trust Fund (NTF) within the

Bank's Operations Policy and Country Services (OPCS) Unit's knowledge and learning program. The study aimed to: (a) evaluate associations between adolescent SRH, human rights, and economic development among adolescents and youth; (b) assess the operational implications of integrating human rights instruments into SRH services; and (c) systematize and disseminate the results of these activities in order to support a regional and multi-sectoral dialogue on adolescent SRHR. This knowledge brief summarizes the results of this study.

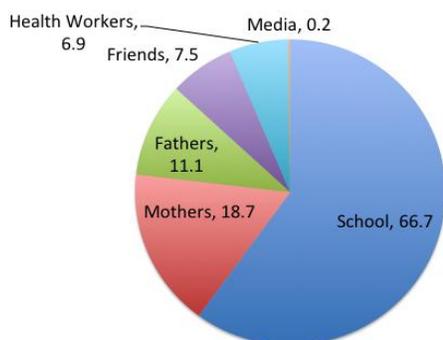
Adolescent SRH in El Salvador

ACCESS TO SRH INFORMATION AND PRIVACY

The study found that although 85 percent of Salvadorian adolescents reported learning about SRH, the information was insufficient. For example, only 10 percent of adolescents knew at which stage in the menstrual cycle they were most likely to become pregnant. In addition, they found that SRH knowledge varied by age, sex, and residence. Adolescents 10-14 years of age were significantly less likely to receive information on SRH than

their older counterparts. Adolescent girls had greater SRH knowledge than boys; urban residents were likely to receive more information on SRH than rural residents. When asked to mention the most common sources of SRH information, 67 percent of adolescents ranked school as the most common source (figure 1). In contrast, the study found that the media (for example, radio, television, the internet, and newspapers) was not an educational source. In fact, adolescents found that the media increased their interest in pornography, stimulated them sexually, and glorified risky sexual behaviors. Adolescents stated that schools presented opportunities to learn about the human reproductive system and HIV/AIDS, family planning (FP), gender equality, and responsible decision-making (Figure 2).

Figure 1 Most Common Sources of Information for SRH as Reported by Adolescents (10-19 years of age) (percent)



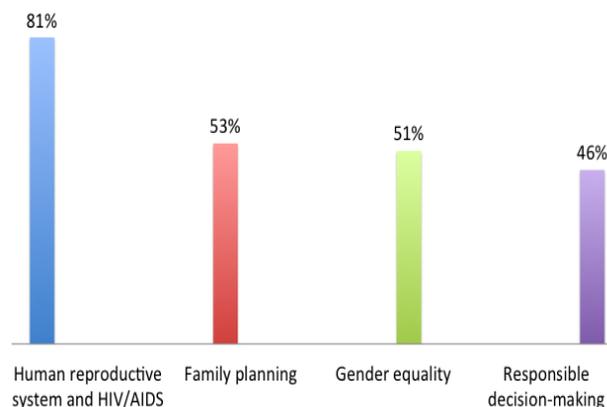
Source: World Bank Group. Adolescent sexual and reproductive health and rights Survey: El Salvador. Health Focus. 2012. Data collection commissioned by the World Bank.

ADOLESCENT SRHR KNOWLEDGE AND THE EXERCISE OF THESE RIGHTS

Approximately 50.6 percent of adolescent males and 49.4 percent of adolescent females reported that they knew about SRHR, with adolescents 15-19 years of age more likely to know about these rights than those in the 10-14 year age bracket (57 percent and 36.9 percent respectively). Of those aware of their rights, 92.1 percent reported that they understood them and 93.7 percent said that the knowledge was valuable. Adolescents were most aware of the right to marry or enter into a common law union (79.5 percent), followed by the ability to choose a sexual partner (77.8 percent), and the right to information on sexuality (75.1 percent). Adolescents were least aware of rights concerning sexual pleasure (64.7 percent) and therapeutic abortion (21.5 percent). Further, adolescents 15-19 years of age and adolescent boys were more likely to think that these rights were guaranteed and should be respected in comparison to their counterparts.

Adolescents believed that SRHR were not fully guaranteed in El Salvador. This was due to insufficient information on SRHR, as well as a perception of having limited control over their lives and relationships due to societal and familial restrictions. Adolescents also reported that the right to report sexual abuse was not guaranteed and was of great concern to them. Moreover, the study found that understanding SRHR reduced the risk of early pregnancy by 66 percent and of being mistreated by 46 percent.

Figure 2 Most Common SRH Topics Taught in Schools as Reported by Adolescents (10-19 years of age) (percent)



Source: World Bank Group. Adolescent sexual and reproductive health and rights Survey: El Salvador. Health Focus. 2012. Data collection commissioned by the World Bank.

GENDER AND SEXUAL ORIENTATION

Salvadorian adolescents' ideas of masculinity and femininity were based on social, community, and religious beliefs. Forty-four percent of adolescents thought that it was acceptable for men to have multiple sexual partners, while four percent thought it was acceptable for women. Adolescents thought that homosexuality arose from childhood sexual abuse, as well as the media's influence to promote sexual diversity. Despite the overall negative view of homosexuality, the majority of adolescents stated that all people should be respected, regardless of their sexual orientation or gender identity.

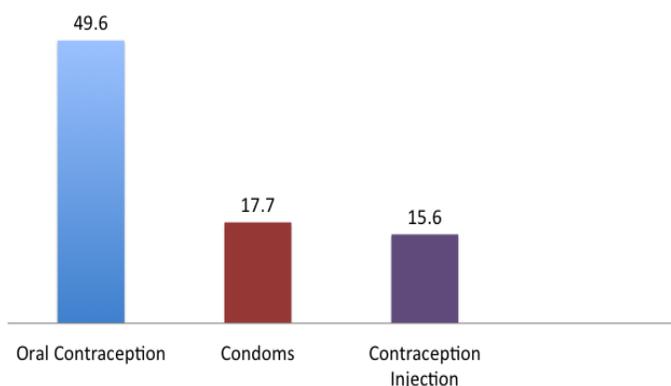
SEXUAL BEHAVIOUR, PREGNANCY, AND CONTRACEPTIVE USE

On average adolescent boys were more likely to report a younger age at sexual debut than adolescent girls (14.8 years of age in comparison to 15.9 years of age, respectively). The average age at sexual debut in urban areas (15 years of age) was slightly younger than rural areas (15.6 years of age). Approximately half (49.6 percent) of adolescents reported that their first sexual experience was voluntary but not planned. Three percent of adolescents 10-14 years of age claimed to have initiated sex compared to 41 percent of 15-19 years of

age. Eighty five percent of adolescent girls reported that they were most afraid of becoming pregnant. However, 55.3 percent of adolescent mothers reported that becoming pregnant was positive because it meant giving life. Nearly 54 percent of sexually active adolescents reported using a contraceptive method the first time they had sex. Adolescent boys were more likely to report regular use of contraceptives than girls (51 percent and 38 percent respectively) (figure 3). Adolescents stated that they faced three major barriers to accessing contraception: limited information; limited contraception services in health centers; and limited knowledge about contraceptive effectiveness.

Slightly more than half (53.4 percent) of the adolescents surveyed reported attending information sessions on contraception, and approximately 63.8 percent thought both men and women were responsible for preventing pregnancies. More than half (55.3 percent) thought that abstinence was the best contraceptive method. Further, 39.7 percent thought that adolescent girls should take the pill, while 54.4 percent thought that a correctly used condom protected against pregnancies in 96 percent of the cases.

Figure 3 Most Commonly Used Contraception by Method as Reported by Adolescents (10-19 years of age (percent)



Source: World Bank Group. Adolescent sexual and reproductive health and rights Survey: El Salvador. Health Focus. 2012. Data collection commissioned by the World Bank.

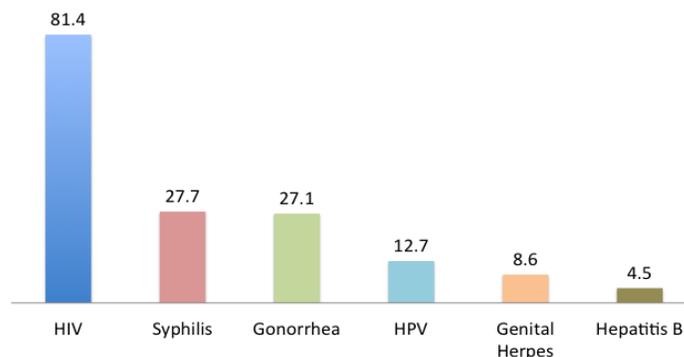
SEXUALLY TRANSMITTED INFECTIONS

Most adolescents identified condoms as the best way to prevent sexually transmitted infections (STIs). However, 41 percent did not use them. Nearly 60 percent of adolescents reported that they did not receive any information from health centers about STI prevention.

In addition, approximately only half of the adolescents diagnosed with an STI completed the treatment recommended by health care workers. A third of the adolescents reported receiving information on STI prevention from health centers (approximately 39.7

percent in rural areas and 32.1 percent in urban areas), with 58 percent of adolescents reporting that they did not receive any information from health centers about STI prevention. In terms of knowledge on STIs, adolescents knew most about HIV, followed by syphilis, gonorrhea, HPV, genital herpes, and hepatitis B (Figure 4).

Figure 4 Reported Adolescent Knowledge (10-19 years of age) about STIs by Infection (percent)



Source: World Bank Group. Adolescent sexual and reproductive health and rights Survey: El Salvador. Health Focus. 2012. Data collection commissioned by the World Bank.

VIOLENCE, DEPRESSION AND DISCRIMINATION

Adolescents identified alcohol and drugs, machismo, and family conflict as contributive factors to violent behavior. Furthermore, 76.1 percent of 15-19 year olds and 57.4 percent of 10-14 year olds stated that women’s refusal to have sex also contributed to violent behavior. Adolescent girls reported experiencing significantly more abuse than adolescent boys (13.2 percent compared to 9.3 percent respectively) and more frequently (11.1 percent compared to 5.4 percent respectively). Most abusers tended to be family members.

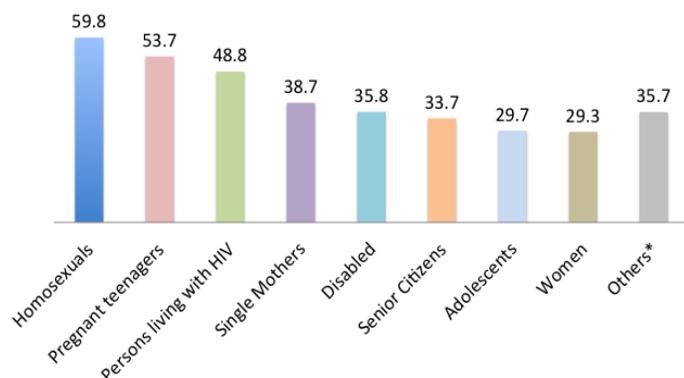
The study found that 44 percent of adolescents displayed at least one symptom of depression; this was more common among girls (27.6 percent) than boys (19.4 percent).

Although the MOE has passed a policy on preventing schools from expelling pregnant adolescents, most of the girls interviewed stated that they decided to leave school once they became pregnant. In general, while aggression usually persists without sufficient penalization, most adolescents lack trust in the public and legal systems. Also, many lesbian, gay, bisexual, and transgender (LGBT) rights were not guaranteed. In 2009 the MOH passed a law that prohibits any discrimination based on sexual orientation and gender identity (figure 5).

SRH SERVICES AND GOVERNMENT EFFORTS

Almost two thirds (62.7 percent) of adolescents reported using general health care services but only 12.3 percent ever used FP services, STI counseling, and prenatal care.

Figure 5 Groups most targeted for Discrimination as Reported by Adolescents (10-19 years of age) (percent)



*Others include skin color, weight, mental illness, extreme poverty, abuse victims, alcoholics, sex workers, and transvestites.

Source: World Bank Group. Adolescent sexual and reproductive health and rights Survey: El Salvador. Health Focus. 2012. Data collection commissioned by the World Bank

Approximately 86 percent of girls who gave birth were satisfied with the health services offered, while 14 percent were dissatisfied. Reasons for dissatisfaction included: poor bed-side manner, long wait times, a lack of privacy, an inability to understand the language used by the healthcare worker, non-availability of toilets, and health complications due to medical errors. Further, adolescents stated that administrative personnel, guards, and nurses disrespectfully treated them. In addition, the study also found that it was difficult for LGBT adolescents to access SRH services. To date there are 23 governmental and non-governmental institutions, cooperation agencies and medical associations participating in multi-sectoral adolescent SRH efforts. These efforts focus on local capacity building in the design, implementation, and evaluation of adolescent SRH services, seeking integration of high quality, affordable, and accessible SRH services.

Policy Challenges

Decisions made during adolescence, particularly regarding SRH, have the greatest long-term impact on human development. With the onset of puberty, young people face challenges that affect their future health and opportunities. Within this context, Adolescent SRH investments are required and should include the following:

- Investments to increase access to quality SRH information, as 85 percent of adolescents state that the information provided is insufficient
- Investments to increase awareness and knowledge about SRHR, as roughly 50 percent of adolescents know about their SRHR
- Provision of financial and human resources to increase adolescent friendly health services, targeting rural areas and females as they have poorer SRH outcomes
- Provision of information that addresses harmful gender norms and standards including gender based violence, specifically targeting men, boys, and community leaders
- Development of diagnostic tools to identify the most vulnerable adolescent groups
- Operationalization of government ASRH policies.

Conclusions

The study confirms the multi-sectorality and complexity of adolescent SRH in El Salvador, indicating a need for a coordinated effort involving the ministries of health, education, labor, and social protection. In summary, there is a need for adolescent health coverage in order to confront the challenges in SRH, mental health, and other health outcomes. In addition to adolescent pregnancy prevention, policies should focus on gender equity and improving the capacity of health providers to deliver adolescent-friendly health services.

In order to achieve this goal, adolescent girls should be protected and guaranteed their SRHR so that they can achieve an adequate standard of living. Indeed, a pregnant adolescent is considered to be of high obstetrical and peri-natal risk and is entitled to comprehensive medical care through the public health system. Within this context, the right to adolescent health becomes a priority for the Government of El Salvador. Reducing early pregnancy and adolescent maternal mortality are key indicators to ensure the success of the health system.

This HNP Knowledge Note highlights the key findings from a World Bank report titled "Adolescents Sexual and Reproductive Health in El Salvador" by Rafael Cortez, Karin-Annabela Revuelta, Yolanda Guirola and Amparo Gordillo-Tobar; funded by the Nordic Trust Fund and the World Bank-Netherlands Partnership Program.

The Health, Nutrition and Population Knowledge Briefs of the World Bank are a quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the Regions. For more information on this topic, go to: www.worldbank.org/health.