



Fact Sheet on Youth Reproductive Health Policy

POVERTY AND YOUTH REPRODUCTIVE HEALTH

Poor reproductive health is both a cause and consequence of poverty. Investments in reproductive health—including that of young people—can help (1) families to lead healthier, more productive lives, and (2) governments to realize savings in reduced demand for public services by slowing population growth, known as the [demographic dividend](#). Governments can take advantage of the smaller ratio of dependents to productive individuals by investing in appropriate and relevant programs to build human capacity and encourage economic growth. Such investments are particularly important in light of the unprecedented numbers of young people now entering their reproductive years. Investing in the human and social capital of these young people is crucial to ending the cycle of poverty.

THE IMPORTANCE OF POVERTY AS A YOUTH REPRODUCTIVE HEALTH ISSUE

- Youth ages 15–24 years old constitute 25 percent of the global working-age population, but account for 44 percent of the unemployed (UNDESAb, 2007).
- Studies of female sex workers show that a large majority of them are under the age of 25. Poor household conditions often force young women to engage in sex work, which increases their risk of HIV infection because sex workers engage in frequent sexual acts with multiple partners (UNAIDS, 2006).
- Poverty and inadequate healthcare systems compound the vulnerability of young women to sickness and early death. Every minute, a woman somewhere dies in pregnancy or childbirth. This adds up to 1,400 women dying each day—an estimated 529,000 a year—from pregnancy-related complications. Young teen mothers are at higher risk of experiencing serious complications during pregnancy and childbirth because their bodies often have not yet fully matured (UN Millennium Project, 2006).
- Poverty and reproductive health are intricately related. Poverty is associated with high-risk behaviors, such as coerced sex, rape, and unsafe sex in exchange for monetary incentives. These behaviors put young women at risk of unintended pregnancy and of HIV and sexually transmitted infections, which in turn can affect their reproductive health.
- Globally, HIV is spreading most rapidly among young people between the ages of 15 and 24 years old. Half of new infections worldwide, affecting 5,000 to 6,000 youth each day, occur in this age group. In sub-Saharan Africa, 75 percent of all new cases are found among young women and girls ages 15–24 years old (Global Health Council, 2007).
- Similar disparities between rich and poor adolescents exist for such indicators as early marriage, skilled attendance at birth, nutrition, contraceptive use, and knowledge of HIV transmission.

KEY AREAS FOR POLICY ACTION

Important policy-related efforts that help to link poverty and youth reproductive health include the UN Millennium Project, national population policies, national youth reproductive health and HIV/AIDS strategies, orphans and vulnerable children policies, and comprehensive national poverty reduction strategies. To encourage action related to the link between youth reproductive health investment and poverty reduction, countries should develop policies that do the following:

- **Take Youth into Account as a Special Population when Diagnosing and Assessing Poverty.** Accurately assessing poverty in a given community requires attention to vulnerable or at-risk groups, such as youth, who are much more likely than older people to lack access to healthcare.
- **Promote Approaches to Providing Young Women with Technical Skills and Advocate for Greater Income-generating Opportunities in their Communities.** Labor force participation and employment issues are among the most pressing in most countries worldwide (UNDESA, 2007a).
- **Ensure that Youth have Access to Reproductive Health Services and Supplies.** This is crucial in achieving the Millennium Development Goals and improving health in developing countries (UN Millennium Project, 2006).
- **Stress the Multisectoral Impact of Youth Reproductive Health Interventions.** Linking reproductive health with actions in other sectors, particularly education and employment, strengthens the case for investment in youth. Programs that support girls' education and literacy have ancillary benefits, such as increasing women's employment opportunities, discouraging early childbearing, decreasing school dropout rates, and reducing malnutrition.
- **Stress the Interrelatedness of HIV/AIDS and Poverty and Reproductive Health Needs when Adapting and Implementing Policy.** Due to unequal power relationships between women and men in many countries, women are often unable to take actions to prevent pregnancy or HIV infection. As a result, an estimated 630,000 newborns are infected with HIV during pregnancy each year (USAID, 2005).
- **Involve Men in Sexual and Reproductive Health as Clients, Partners, and Agents of Social Change.** Male involvement is crucial to promoting women's health and alleviating poverty and malnutrition.

THE STATE OF POLICYMAKING

In recent years, international development agencies, including the United Nations and World Bank, have increased their attention to the link between poverty reduction and youth reproductive health. In addition, some countries' national policies include language reflecting the importance of this linkage. For example, [Zimbabwe's National HIV/AIDS Policy](#) recognizes that improving the economic status of girls and women reduces their vulnerability to HIV. Similarly, one of the goals of the [Strategic Plan for Improving the Reproductive Health of Young Adults in Nigeria's Edo State](#) (USAID, 2005) is to facilitate improvement of the socioeconomic status of young adults and adolescents.

A few poverty reduction strategies have explicitly made the link between poverty and youth reproductive health in their poverty diagnosis. For example, the [Burkina Faso Poverty Reduction Strategy Paper](#) (Burkina Faso, 2004) defines promoting employment and youth as one of the 11 guiding principles for poverty reduction. The strategy also makes the connections between youth unemployment, poverty, and vulnerability to reproductive health problems, such as sexually transmitted infections.

Several national poverty reduction strategies include specific youth reproductive actions for poverty reduction within their overall frameworks. For example, Nicaragua's 2005 [National Development Plan](#) identifies adolescents as a priority group for reproductive health services, and its policy matrix and action plan specifies a line item for a campaign to reduce teen pregnancy.

Several academic institution studies have helped quantify the impact that reproductive health measures can have on poverty reduction. For example, Margaret Greene's analysis *Poor Health, Poor Women: How Reproductive Health Affects Poverty* (2008, p. 4) states "that reproductive health outcomes—particularly very early pregnancy—most strongly affect overall health, followed by education."

However, despite the progress in addressing the link between reproductive health and poverty reduction, recent reviews have concluded that countries need to do much more to tie these poverty reduction strategies to specific monitoring objectives and budget outlays (Curtain, 2006; Sundaram et al., 2004).

To search for more policies related to poverty, click here for the [Youth-Policy Database](#).

RESEARCH FINDINGS TO SUPPORT POLICY DEVELOPMENT

- [Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals](#) (Bernstein and Hansen, 2006). This 2006 UN Millennium Project publication reviews the inextricable link between sexual and reproductive health policy and poverty reduction, concluding that sexual and reproductive health policy is integral to the achievement of human development goals.
- [Poverty Reduction: Does Reproductive Health Matter?](#) (Greene and Merrick, 2005). This 2005 World Bank Discussion Paper reviews the evidence base on the links between reproductive health and poverty reduction for three reproductive health outcomes: early childbearing, maternal mortality, and unintended pregnancy.
- [A Review of Population, Reproductive Health, and Adolescent Health and Development in Poverty Reduction Strategies](#) (Sundaram et al., 2004). This review analyzes 21 poverty reduction strategy papers and makes recommendations for countries to address population, reproductive health, and adolescent health and development issues better in their poverty reduction efforts.
- [Exploring the Socioeconomic Dimension of Adolescent Reproductive Health: A Multicountry Analysis](#) (Rani and Lule, 2004). This study uses nationally representative Demographic and Health Survey data for 12 developing countries to assess socioeconomic differentials in reproductive health outcomes and health service use among young women.
- [Poor Health, Poor Women: How Reproductive Health Affects Poverty](#) (Greene, 2008). This report seeks to answer the question: Will reproductive health strategies reduce poverty?
- [Involving Men in Reproductive Health: Contributions to Development](#) (Greene and Mehta, 2006). This 2006 background paper substantiates the need to integrate men in the reciprocal processes of promoting gender equality and improving child health—arenas in which men already play a key role.
- [The Case for Investing in Young People as Part of a National Poverty Reduction Strategy](#) (Curtain, 2004). This UNFPA publication presents seven arguments for why national policymakers should give more attention to young people.
- [Towards Universal Access: Scaling Up HIV Services for Women and Children in the Health Sector: Progress Report 2008](#) (WHO et al., 2008). Based on a comprehensive dataset of developing countries worldwide, this UN progress report tracks national-level progress on action to address the prevention of mother-to-child transmission of HIV, as well as HIV care and treatment for children.
- [World Development Report 2007: Development and the Next Generation](#) (World Bank, 2006). This World Bank publication makes the case for countries investing in young people as a way to reap the demographic dividend of falling dependency ratios.

WEBSITES

- [Poverty Reduction Strategies](#). This World Bank website includes many of the national poverty reduction strategies and associated documents.
- [Tackling Poverty Together](#). This initiative of the United Nations Program on Youth aims to increase the role of young people in poverty reduction.
- [Poverty and Health](#). This World Bank website includes links to wealth quintile analyses on health outcomes and socioeconomic status in 56 countries.

FAQS

Q. What is a wealth quintile analysis, and why is it important?

In recent years, there have been significant advances in the measurement of poverty and of inequalities in reproductive health access and outcomes by socioeconomic status. Analyses often separate the population into five groups (or quintiles) based on an assessment of household assets. Disaggregation of Demographic and Health Survey data on socioeconomic status according to wealth quintiles provides convincing evidence that poor people generally use health services less and have worse reproductive health outcomes. [An analysis by the USAID-funded Health Policy Initiative, Task Order 1,](#)

(USAID, 2007) specifically examines inequalities in family planning and other reproductive health services. [Analyses carried out by the World Bank have found large poor-rich differences](#) in all developing country regions and for a range of reproductive health indicators. For example, globally, the poorest women have on average almost twice the number of children as the wealthiest (6.0 children compared with 3.2 children). [Similar calculations for adolescents](#) (Rani and Lule, 2004) show even greater disparities by socioeconomic status. By highlighting such inequities in health access and outcomes, advocates and policymakers can enrich the understanding of the links between poverty and poor reproductive health. Such analyses can also influence decisions on how countries can set priorities for spending in ways that reduce poverty, while also achieving national health goals, including reductions in maternal and child deaths.

REFERENCES

Bernstein, S. and C. J. Hansen. 2006. *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*. New York: United Nations Millennium Project.

Burkina Faso. 2004. *Poverty Reduction Strategy Paper*. Ministry of Economy and Environment. Available at: http://siteresources.worldbank.org/INTPRS1/Resources/BurkinaFaso_PRSP_July2004.pdf (accessed October 14, 2009).

Curtain, R. 2004. *The Case for Investing in Young People as part of a National Poverty Reduction Strategy. Reference Notes on Population and Poverty Reduction*. New York: UNFPA.

Curtain, R. 2006. *Young People and National Poverty Reduction Strategies: A Content Analysis of Completed PRSPs to April 2006*. New York: UNFPA.

Global Health Council. 2007. "Strengthening PEPFAR for Women and Girls." *Policy Brief* (January). Washington, DC. Available at: http://www.globalhealth.org/images/pdf/pepfar_brief.pdf (accessed October 14, 2009).

Greene, M. 2008. "Poor Health, Poor Women: How Reproductive Health Affects Poverty." *Environmental Change and Security Program Report* 16 (June). Washington, DC: Woodrow Wilson International Center for Scholars.

Greene, M., and M. Mehta. 2006. "Involving Men in Reproductive Health: Contributions to Development." Background paper to Bernstein and Hansen (2006).

Greene, M., and T. Merrick. 2005. *Poverty Reduction: Does Reproductive Health Matter?* Health, Nutrition, and Population Discussion Paper. Washington, DC: World Bank.

Rani, M., and E. Lule. 2004. "Exploring the Socioeconomic Dimension of Adolescent Reproductive Health: A Multicountry Analysis." *International Family Planning Perspectives* 30 (3).

Sundaram, S., J. Epp, N. Oomman, and J. Rosen. 2004. *A Review of Population, Reproductive Health, and Adolescent Health and Development in Poverty Reduction Strategies*. Health, Nutrition, and Population Unit. Washington, DC: World Bank.

United Nations. 2006. [Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals](#). Millennium Project. New York.

United Nations. 2007. *World Youth Report 2007: Young People's Transition to Adulthood: Progress and Challenges*. New York.

United Nations Joint Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO). 2006. [AIDS Epidemic Update](#). Geneva: UNAIDS.

United Nations Department of Economic and Social Affairs (UNDESA). 2007a. "[Ensuring Youth Development around the World: The Way Forward](#)." Chapter 8 in United Nations (2007). New York. Available at: http://www.un.org/esa/socdev/unyin/documents/wyr07_chapter_8.pdf (accessed October 14, 2009).

UNDESA. 2007b. "[Statistical Annex](#)." In United Nations (2007). New York.

USAID. 2007. *Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs*. USAID | Health Policy Initiative, Task Order One. Washington, DC: Futures Group.

USAID and Women's Health & Action Research Centre. 2005. [Strategic Plan for Adolescent and Reproductive Health in Edo State of Nigeria \(2004-2009\)](http://www.policyproject.com/pubs/policyplan/NIG_ARH_StratPlan.pdf). Available at: http://www.policyproject.com/pubs/policyplan/NIG_ARH_StratPlan.pdf (accessed October 14, 2009).

WHO, UNAIDS, and United Nations Children's Fund (UNICEF). 2008. *Towards Universal Access: Scaling Up HIV Services for Women and Children in the Health Sector: Progress Report 2008*. New York. Available at: http://www.unicef.org/aids/files/towards_universal_access_report_2008.pdf (accessed October 14, 2009).

World Bank. 2006. *World Development Report 2007: Development and the Next Generation*. Available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2006/09/13/000112742_20060913111024/Rendered/PDF/359990WDR0complete.pdf (accessed October 14, 2009).

Yazbeck, A. S. 2007. *Attacking Inequality in the Health Sector: A Synthesis of Evidence and Tools*. Washington, DC: World Bank.

For More Information

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The USAID | Health Policy Initiative, Task Order I, is funded by USAID under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. HIV-related activities are supported by the President's Emergency Plan for AIDS Relief. Task Order I is implemented by Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute.

The views expressed in this publication do not necessarily reflect the views of USAID or the U.S. government.