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905 Adolescent life courses in developing countries

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Adolescent Fertility, Unmet need for Sexual and Reproductive Health and Social Exclusion in Latin America and the Caribbean

The paper explores trends in fertility change in the adolescent groups contrasting these with trends in overall fertility levels. While overall fertility has been declining during the last few decades in the region, adolescent fertility in many countries has remained stable, and the proportion of adolescent fertility has increased. These trends show also differential patterns according to the socio-economic status of women.

Fertility rates in Latin America and the Caribbean have been falling since1970s as a result of a series of socio-economic changes that took place in the region including industrialization, increased levels of male and female education, the entrance of women in the labour force and their expanded access to sexual and reproductive health services. Several countries in the region developed public policies that targeted women with family planning services. In the vast majority of countries, women adopted new roles in societies and as a result of new patterns of reproductive behaviours were formed in which women exercised they reproductive rights by determining the number and timing of their children.

Under the right conditions, a decline in fertility caused by increases in the level of female secondary education and postponement of births, lead to a decrease of fertility rates of adolescents 15 to 19 years old in the 1980s. However, since the 1990s, the fertility rates of adolescents have been increasing in the majority of countries in the region. The total proportion of births from adolescent mothers is the highest in the world. The high proportion of birth from adolescent mothers may be linked to early sexual initiation outside marriage, and fertility rates are higher among adolescents who belong to the poorest segments of society. For example, in Venezuela fertility rates among adolescents of the lower wealth quintiles increased from 100

to 170 between 1990 and 2001, while the fertility rate of adolescents of the same age in the highest quintile did not change at all (CEPAL and UNICEF 2007).

The same trend is not true for women in the reproductive age groups 24-49. The total fertility rate of women 24-49 years old in the region decreased from 6 children per women in the 1960s to 3 in 2000. Yet, large fertility differentials exist within the same age group. While fertility rates of women in the highest quintile are under 3 children per women, in the lowest quintile are over 5.1 (UNFPA, 2002). In Nicaragua for example, the poorest country in Central America, fertility rates decreased from 4.5 children per women in 1995 to 2.9 in 2005. However, among women 24-49 from the lowest quintile the fertility rate is 5.2 children per women compared to women in the highest quintile which is 2.1 (UNFPA, Nicaragua, 2006)

This paper argues that high fertility rates among adolescents 15-19 and women of reproductive age 24-49 of the lowest quintiles is explained by the systematic exclusion of poor women and poor adolescents from sexual and reproductive health services. Reproductive health policies in Latin America and the Caribbean region have promoted the expansion of reproductive health services in the last decades, in a context of high urbanization and increased female educational levels; still, this expansion has not benefited women and adolescents who are in the margins. Exclusion and marginalization prevent adolescents and women from accessing sexual and reproductive health services. The increase of fertility rates among adolescents in the region in the last two decades merits further research. However, poor living conditions tend to affect the life expectations of adolescents at this particular period in the life cycle in which plans and dreams for a better future are critical to establish self-care attitudes and safe habits as a matter of survival in a poverty environment that tend to be violent and abusive for women. Poor adult women on the other hand may not have access to the public health system which has until now systematically avoided targeting marginalized populations.

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