

Adolescents Need Safe and Legal Abortion

WHO ARE ADOLESCENTS?

The term “adolescents” refers to people between the ages of 10 and 19. The United Nations Population Fund has adopted the following categorizations of young men and women:

Adolescent:	10 to 19 years
Youth:	15 to 24 years
Young people:	10 to 24 years ¹

As defined above, one person in five is an adolescent, or about 1.3 billion people worldwide.² Nearly half of all people worldwide are younger than 25, representing the largest youth generation in history.³

- Women aged 15-19 account for at least 5 million of the estimated 20 million unsafe abortions that occur each year. They also make up about a quarter of the nearly 70,000 women who die every year from abortion-related causes.⁴ There is evidence that, in urban areas, unsafe abortion and abortion-related death are rising among unmarried adolescent women.⁵
- Adolescents tend to delay obtaining an abortion and often seek help from a non-medical provider, leading to higher rates of complications. Self-induced abortion is also common among adolescents in many countries.⁶
- The World Health Organization has estimated that in many African countries, up to 70% of all women who receive treatment for complications of abortion are under age 20.⁷
- Among industrialized countries, the United States has one of the higher adolescent abortion rates. The abortion rates per 1,000 women aged 15–19 vary from four in Germany, 17 in Sweden, 19 in England and Wales, to 29 in the United States.⁸

Lack of safe, legal abortion services for adolescents jeopardizes their health and lives and undermines their right to make decisions concerning childbearing. Unsafe abortion has particularly serious health implications for adolescents and young women, especially where abortion is illegal, severely restricted, or difficult for adolescents to access. Governments should take steps to ensure that adolescents can terminate pregnancies safely, both by liberalizing restrictive abortion laws and addressing the particular reproductive health needs of adolescents.

GOVERNMENTS SHOULD RECOGNIZE THAT ADOLESCENTS HAVE MORE UNWANTED PREGNANCIES

Adolescents face social, cultural, and legal barriers to family planning. They may also be subjected to early marriage or sexual abuse. In countries worldwide, a significant percentage of adolescent pregnancies are unplanned.⁹

- Because many societies continue to regard adolescent sex as a social taboo, adolescents generally do not have the information they need to avoid pregnancy.¹⁰
- Even where adolescents are aware of contraception, they often cannot easily obtain it. Not only may they lack the financial means to purchase contraception, but many adolescents live in countries that require parental consent or set a minimum age for obtaining contraception.¹¹
- The practice of early marriage also contributes to high levels of unwanted adolescent pregnancy. More than 51 million girls aged 15–19 worldwide are married.¹² Many married girls have no access to family planning and are often pressured to prove their fertility soon after marriage. Studies from India show that a significant number of girls who become pregnant under these circumstances turn to unsafe abortion.¹³
- Adolescents are vulnerable to rape and sexual abuse in many contexts, including school and work. Many young girls face unwanted pregnancies as a result of rape.¹⁴

ENSURING SAFE AND LEGAL ABORTION SAVES ADOLESCENTS' LIVES

Unsafe abortion and early childbirth pose enormous risks to adolescents' lives and health. Governments should ensure access to legal and safe abortion services for adolescents.

- For young women aged 15–19 worldwide, pregnancy is the leading cause of death. Most pregnancy-related deaths are attributable to complications of childbirth or unsafe abortion.¹⁵ The risk of pregnancy-related death is five times greater for girls under age 15 than for girls in their twenties.¹⁶ In addition, the risk of infant mortality is also significantly higher among infants born to adolescents than among those born to women aged 20–29 and 30–39.¹⁷
- Non-married pregnant girls face shame, social isolation, interruption of school or employment, increased economic hardship, and diminished opportunity to marry. For these reasons, abortion is the most common solution to an unwanted pregnancy for a non-married girl in most parts of the world.¹⁸

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- Even where abortion is legal, the procedure may be too expensive or too difficult for an adolescent to obtain without the involvement of family or neighbors. As a result, regardless of abortion's legal status, non-married adolescent girls most often seek unsafe abortion services from non-medical providers.¹⁹
- Because adolescents who have babies often cannot pursue education and develop marketable skills, they often have difficulty supporting themselves financially.²⁰ The effects of poverty on their nutrition, health care, and environment could contribute to future health problems.

GOVERNMENTS SHOULD REMOVE ALL BARRIERS TO SAFE ABORTION SERVICES FOR ADOLESCENTS

Adolescents face special barriers to abortion services. Among these barriers are laws that require adolescents to notify their parents or obtain their parents' authorization prior to undergoing an abortion. These parental involvement requirements interfere in adolescents' decision-making. While adolescents may well wish to involve their parents in their decision, governments should not mandate that they do so.

UNITED NATIONS COMMITTEE ON THE RIGHTS OF THE CHILD: CONCERNS AND RECOMMENDATIONS REGARDING ADOLESCENTS AND ABORTION.

“Adolescent girls...should have access to health services that are sensitive to their rights and particular needs. States parties should take measures to reduce maternal morbidity and mortality in adolescent girls, particularly caused by early pregnancy and unsafe abortion practices, and to support adolescent parents...The Committee urges States parties...to develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law, adequate and comprehensive obstetric care and counselling...”

United Nations Committee on the Rights of the Child, *General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child*, 33rd Sess., para. 31, U.N. Doc. CRC/GC/2003/4 (2003).

“With regard to adolescent health, the Committee is concerned at the high and increasing rate of teenage pregnancies and the consequently high rate of abortions among girls under 18. The Committee notes that various factors, including limited availability of contraceptives, poor reproductive health education and the requirement of parental consent have resulted in an increasing number of illegal abortions among girls.”

United Nations Committee on the Rights of the Child, *Concluding Observations: Kyrgyzstan*, 24th Sess., para. 45, U.N. Doc. CRC/C/15/Add.127 (2000).

- The Convention on the Rights of the Child, which defines a “child” as anyone under the age of 18, recognizes “the evolving capacities of the child” when considering the role of parents in guiding a child’s exercise of her rights.²¹ Governments should thus acknowledge that a parent’s role is limited by the child’s own capacity for independent decision-making.
- Many young women voluntarily involve a parent in their abortion decision, even in the absence of a law mandating communication. Young women who avoid parental involvement in that decision usually do so for reasons such as fear of abuse, pressure to carry the pregnancy to term, threats of being thrown out of the house, or other negative repercussions. For battered adolescents and incest survivors, laws that require parental consent or notice increase the risks in an already dangerous situation. They may also cause adolescents to delay seeking an abortion, increasing the physical risks of the procedure with each week of delay.
- Rather than mandating parental involvement, governments should ensure that health care providers are trained to assess the capability of adolescents to make reasonable, independent, and confidential decisions regarding their reproductive health.²²
- Governments should ensure that adolescents have access to appropriate, high-quality abortion services. Women’s health care services should be equipped to meet the health needs of adolescents. In addition, health personnel should be trained to provide information to adolescents about preventing and terminating pregnancy.

ENDNOTES

- 1 United Nations Population Fund (UNFPA), *Adolescent Realities in a Changing World*, available at <http://www.unfpa.org/adolescents/about.htm>.
- 2 UNFPA, STATE OF THE WORLD POPULATION 2004, at 73 (2004), available at <http://www.unfpa.org/swp/2004/english/ch9/index.htm>.
- 3 UNFPA, STATE OF THE WORLD POPULATION 2003, at 1 (2003), available at <http://www.unfpa.org/swp/2003/english/ch1/index.htm>.
- 4 UNFPA, STATE OF THE WORLD POPULATION 2004, *supra* note 2, at 76.
- 5 WORLD HEALTH ORGANIZATION (WHO), UNSAFE ABORTION 17 (2004), available at http://www.who.int/reproductive-health/publications/unsafe-abortion_estimates_04/estimates.pdf.
- 6 IPAS, ADOLESCENTS, UNWANTED PREGNANCY AND ABORTION 10 (2004), available at http://www.ipas.org/publications/en/ADOLPOL_E04_en.pdf.
- 7 SAFE MOTHERHOOD INTER-AGENCY GROUP (IAG), *Unsafe Abortion* (1998), at http://www.safemotherhood.org/facts_and_figures/unsafe-abortion_fact.htm.
- 8 Susheela Singh & Jacqueline E. Darroch, *Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries*, 32(1) FAMILY PLANNING PERSPECTIVES 14, 16 (Table 2) (2000), available at <http://www.agi-usa.org/pubs/journals/3201400.html>.
- 9 ALAN GUTTMACHER INSTITUTE, INTO A NEW WORLD: YOUNG WOMEN'S SEXUAL AND REPRODUCTIVE LIVES (Executive Summary) (1998), available at http://www.agi-usa.org/pubs/new_world_engl.html.
- 10 *See, e.g.*, G.S. Mpangile et al., *Induced Abortion in Dar es Salaam, Tanzania: The Plight of Adolescents*, in ABORTION IN THE DEVELOPING WORLD, 387, 392 (Cynthia Indriso & Axel I. Mundigo eds., 1999).
- 11 *See, e.g.*, CENTER FOR REPRODUCTIVE RIGHTS, STATE OF DENIAL: ADOLESCENTS REPRODUCTIVE RIGHTS IN ZIMBABWE (2002).
- 12 INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW), TOO YOUNG TO WED 1 (2003), available at http://www.icrw.org/photoessay/pdfs/tooyoungtowed_1003.pdf.
- 13 *Id.* at 7.
- 14 *See* HUMAN RIGHTS WATCH, SCARED AT SCHOOL: SEXUAL VIOLENCE AGAINST GIRLS IN SOUTH AFRICAN SCHOOLS (2001), available at <http://www.hrw.org/reports/2001/safrica>.
- 15 UNFPA, STATE OF THE WORLD POPULATION 2003, *supra* note 3, at 39 (citing UNICEF, PROGRESS OF NATIONS (1998)); UNICEF, *Early Marriage: Child Spouses*, 7 INNOCENTI DIGEST 11 (2001), available at www.unicef-icdc.org/publications/pdf/digest7e.pdf.
- 16 UNFPA, STATE OF THE WORLD POPULATION 2003, *supra* note 3, at 39 (citing UNITED NATIONS, WE THE CHILDREN: END-DECADE REVIEW OF THE FOLLOW-UP TO THE WORLD SUMMIT FOR CHILDREN: REPORT OF THE SECRETARY GENERAL (2001)).
- 17 *Family Planning Can Reduce High Infant Mortality Levels*, ISSUES IN BRIEF (Alan Guttmacher Institute), 2002, No. 2, at 3, tbl.2 (citing UNITED NATIONS DEVELOPMENT PROGRAMME, 2001 HUMAN DEVELOPMENT INDICATORS REPORT tbl.1, at 141–145 (2001)), available at http://www.agi-usa.org/pubs/ib_2-02.pdf.
- 18 Cynthia Indriso & Axel I. Mundigo, *Introduction*, in ABORTION IN THE DEVELOPING WORLD 47 (Cynthia Indriso & Axel I. Mundigo eds., 1999); WHO, SEXUAL RELATIONS AMONG YOUNG PEOPLE IN DEVELOPING COUNTRIES: EVIDENCE FROM WHO CASE STUDIES, WHO/RHR/01.08 at 23 (2001).
- 19 Indriso & Mundigo, *supra* note 18, at 47–48.
- 20 Susheela Singh et al., *Early Childbearing in Nigeria: A Continuing Challenge*, RESEARCH IN BRIEF (Alan Guttmacher Institute), 2004, No. 2, at 1, available at <http://www.guttmacher.org/pubs/rib/2004/12/10/rib2-04.pdf>.
- 21 Convention on the Rights of the Child, *adopted* Nov. 20, 1989, art. 3, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, U.N. Doc. A/44/49 (1989), *reprinted in* 28 I.L.M. 1448 (*entered into force* Sept. 2, 1990).
- 22 Rebecca Cook & Bernard M. Dickens, *Recognizing Adolescents' "Evolving Capacities" to Exercise Choice in Reproductive Health Care*, 70 INT'L J. OF GYNECOLOGY & OBSTETRICS 13-21 (2000).