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Safe Abortion Advocacy Initiative
Global South Engagement

# Technical Guidance Paper: Young Women and Abortion

There are some 3.9 million girls aged 15 to 19 years who undergo unsafe abortions every year.[1] Young women face unique vulnerabilities when accessing healthcare and safe abortion services even in contexts where abortion is legal because of their age and gender. The obstacles that many young women face in obtaining safe and legal abortions include restrictive laws that criminalise abortion, lack of providers willing to perform abortions, substandard conditions in healthcare facilities, fear of stigmatisation for terminating pregnancy, and individual beliefs on abortion. In countries where abortion services are legal and available, besides those previously mentioned, there is also a lack of awareness of the legal status of abortion and bias in providing services mainly within the framework of marriage.[2]

Young women across the world face discrimination and barriers to access based on their race, caste, class, gender, age, marital status, and region. Young women are not a monolith, they face unique vulnerabilities that are based on their identities and location. An intersectional approach posits the need to analyse and understand the multiple oppressions that are faced by young women.

## Key Definitions and Concepts Related To This Topic

**Young Women**: By conceptual definition, a young woman is a girl who is nearing the age of puberty and is showing physical body traits of a woman, but which are not fully developed yet. There is no universally accepted definition of age, however, the United Nations defines 'youth' as persons between the ages 15 and 24. Those who are aged 14 years and below are considered a child. The World Health Organization (WHO) defines adolescents as those between 10 and 19 years of age, and young people (10–24) a term used by WHO and others to combine adolescents and youth.[3] Even so, the operational definition varies from country to country depending on socio-cultural, institutional, economic, and political factors.[4]

**Evolving Capacities**: In Chapter 1 of the Convention of Rights of the Child (CRC), 'children' is defined as persons up to the age of 18. The CRC, however, recognises the principle of the 'evolving capacity of a child.' Evolving Capacities is a concept introduced in Article 5 of the Convention of the Rights of the Child. It recognises the varying rates at which young people develop and mature as a result of a myriad of factors, including education, family life, socio-economic status and gender.

> The concept of the evolving capacities of the child was introduced to establish the principle that, whilst children's need for protection and capacity for agency are age-associated, they (and hence, policy) are not bound by age.[5] The underlying point is not just that the 0 to 18 age span covers a number of stages but that children's capacity and competencies develop through experience, culture, and levels of support rather than age alone.[6]

**Legal Age For Marriage**: The CRC recommends that the minimum age of marriage be 18 years, according to the Convention on Consent to Marriage, Minimum Age for Marriage and Registration for Marriage Article 2 affirms that "States Parties to the present Convention shall take legislative action to specify a minimum age for marriage. No marriage shall be legally entered into by any person under this age, except where a competent authority has granted a dispensation as to age, for serious reasons, in the interest of the intending spouses."[7] The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) obligates States to ensure that men and women have equal

right to choose a spouse and enter into marriage only with free and full consent.[8]

**Age Of Consent**: The age at which a person is considered legally competent to give consent to sexual activities. International standards do not indicate what the minimum age for sexual consent should be. The CRC Committee has considered 13 years to be "very low." The age should, however, avoid the over-criminalisation of adolescents' behaviours and prevent access to services.[9]

**Age Of Consent Laws For Accessing SRH Services**: Age of consent laws for medical services require people aged 17 years and younger to obtain permission from a parent or guardian before accessing sexual and reproductive health (SRH) services, HIV testing and treatment, pre-exposure prophylaxis, and other health services. These laws particularly affect adolescent girls, whose sexuality tends to be stigmatised and who bear the physical and social burdens of unwanted pregnancies.[10]

**Teenage Pregnancy**: This refers to adolescent girls becoming pregnant between the ages of 13 and 19. Teenage pregnancy impacts the overall well-being of the adolescent mother, it is also a human rights issue associated with the rights of adolescent girls to education, health, and non-discrimination.[11] Since most teenage pregnancies are unintended, pregnant adolescents are most likely to resort to unsafe abortion methods due to stigma and shame .

## Broader Aspects that Define and Affect Young Women's Right To Safe Abortion

**Gender Stereotyping**: Gender plays a major role in social inequality. Sexual and reproductive rights are essential human rights; they are related to human development and critical in the achievement of the Sustainable Development Goals.

Sexual rights of women are often not prioritised and their reproductive rights are limited. Women are often stereotyped on their reproductive capacities as 'mothers' or 'nurturing', in which such stereotypes impede on their decision-making abilities. The international human rights law framework prohibits gender stereotypes and stereotyping which undermine the enjoyment of human rights and fundamental freedoms.[12] Stereotypical attitudes of providers and legislators deny women the capacity to act as responsible agents and exercise choice especially when it comes to abortion. Both CEDAW and CRC have noted "that harmful practices are multi-dimensional and include stereotyped sex and gender-based roles."[13]

**Young Women Sexuality And Honour**: The sexuality of young women is highly stigmatised. In most societies, sex before marriage is not allowed and young women who are sexually active are not considered 'proper'. Family's honour is often attached to female chastity and honour; thus, in case of an unintended pregnancy, young women face challenges in accessing safe abortion services due to stigma and shame associated with premarital sex and abortion. Young people, who have had pre-marital sex and abortion, are seen as irresponsible, as people who indulged their desires, are promiscuous, and lack understanding about sex.[14] On the other hand, according to international human rights standards, all people are sexual beings, regardless of age or other identities. Sexual rights are an evolving set of privileges identified with sexuality that contribute to everyone's freedom, equality and dignity.[15]

**Patriarchal Structure Of Families**: The patriarchal structure of families often means girls and young women are subject to gender stereotyping, codes of honour, guardianship rules which limit their autonomy and the choices young women can make. Young women are limited in their movements to form friendships and support groups, or to seek information more freely especially pertaining to sexual and reproductive health. Service providers also reinforce guardianship roles when asking for permission of parents and/or guardians when providing sexual and reproductive health information and services to young people. After marriage, the guardianship roles are often transferred to the husband and in-laws.

**Social Stigma, Lack Of Support And Information**: The usage of contraception and abortion are traditionally associated with promiscuous women, especially if unmarried, and service provision to younger women is regarded as encouraging promiscuity in society.[16] A young woman may experience 'compounded stigma'[17] when attempting to access abortion services (either medical abortion, in-clinic abortion procedures, counselling, and/or follow-ups), given the implication that she is both sexually active and expressing an autonomous decision to end an unwanted pregnancy. In some cases, this stigma may be worse for unmarried young women, where it is not her age but her marital status or lack of partner engagement that prevents her from accessing safe abortion services.

Comprehensive Sexuality Education (CSE) in formal and non-formal education, and targeting out-of-school youth, education that is age-appropriate, as per accepted international guidelines and rights-based, affects how young women are equipped with information and skills to have control over their sexuality and bodies. CSE development and delivery in current curricula is also influenced by socio-cultural and religious beliefs and norms and treating young people, especially young women need protection rather than ensuring their rights are recognised, protected, and accessible to them.[18] Abortion in available curricula is most

likely not included given its sensitivity and stigma associated to abortion.

**Intersectionality**: Young women are not a monolith. Social, economic, legal, and health-system barriers cause many young women to delay obtaining abortion care until later in their pregnancy compared to adult women, and to delay seeking help for abortion-related complications.[19]

"Worldwide, 14% of employed youth lived in extremely poor households in 2018, compared with 7% of adults. In other words, younger people were twice as likely to be working poor than adults."[20] The number of those who are poor, amongst young women, cannot be underestimated. Even within wealthier 'households', young women do not have control over or access to those resources easily. Beyond that, 286 million young people continue working in poverty and more than 500 million youth aged 15-24 live on less than $2 a day.[21] Young women living in poverty are not able to access SRH services and supplies, including information and education. It puts younger women at increased risk of exposure to STIs including HIV, and unwanted pregnancies and other health risks due to unsafe abortion. In restricted settings, women may need to travel to far away locations in order to obtain safe abortion services, and poverty is also a huge impediment in accessing services due to the high cost involved.

Young people have always constituted a significant proportion of migrant workers – both within borders and out of borders. An estimated 26 million migrants, or around 15% of the total, are youth. Young female migrant workers face risks of sexual harassment and violence, and lack access to SRH services even when in consensual relationships due to laws and policies that limit access to health services.

In general, there is a lack of knowledge of and access to information and communication about SRHR and SRHR services for young people. In humanitarian settings, young women are disproportionately vulnerable to SRHR issues, such as sexual violence, including high prevalence of systematic rape as a weapon of war, sexual exploitation[22], unwanted pregnancies, unsafe abortion, human trafficking, female genital mutilation (FGM), and child marriages.[23]

## What Is Our Position On This Issue?

Young women face unique vulnerabilities when accessing abortion services, they are denied autonomy in decision making about their bodies due to imbalance in power relations based on their age and gender.[24] It is, therefore, important to recognise the power dynamics and intersectionality of issues impacting young women's access to safe abortion services in policy formulation and implementation.

> *The CRC has made clear that adolescents should have access to the full range of sexual and reproductive health services, including maternal health care; contraceptive information and services, including short- and long-term methods of contraception and emergency contraception; safe abortion services and post-abortion care; and information and services to prevent and address sexually transmitted infections. Further, the CRC has urged state to 'decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services.* [25]

Young people have the right to have access to the full spectrum of reproductive healthcare services that include contraception, comprehensive sex education, maternity care, post abortion care, and safe abortion.

Reproductive rights are human rights, thus, access denial to reproductive healthcare services for young people and discrimination in accessing safe abortion services violate their right to health and well-being. States must adopt and implement positive measures to address and remove these barriers in accordance with their legal obligations under international human rights law.

Young people are disproportionately affected by legal, social, marital, and economic restrictions when accessing safe abortion services. Multiple facets of marginalisation affect some young women over others; these factors should not restrict their access to SRHR services.

There should be recognition and respect of young people's bodily autonomy and choice. We need a rights-based approach to the provision of abortion services for young women that recognises the principle of evolving capacities and their ability to make autonomous decisions about their sexual and reproductive health. Protection should not be interpreted as denial of services or information but, rather, it should be referred to as the provision of youth-friendly SRHR services and policies that create a supportive stigma-free environment.

Access to youth-friendly SRHR services that include safe abortion as per international human rights standards. The International Conference on Population and Development (ICPD) enabled a shift from a focus on "adolescents' needs" to rights, paving the way for normative development by international human rights mechanisms recognising adolescents' rights to agency, reproductive self-determination, and bodily autonomy.[26] The Committee on the Rights of the Child (CRC Committee) and the Special Rapporteur on the Right to Health, among others, affirmed the importance of adolescents' sexual and reproductive rights, urging States to take a host of specific measures to ensure the full exercise of these rights.[27]

Youth must have access to accurate and complete information on abortion in order to make informed decisions. Schools and healthcare providers should not only provide accurate information, they should also be taking a sex-positive approach that respects privacy and encourages and empowers young women to take control of their bodies. Education can also help with capacity and skill building; as well as provide strategies for combating negative attitudes that surround abortion.[28]

The training of service providers should include values clarification and attitude transformation (VCAT) to ensure services are stigma-free and non-judgemental. *Conscientious objection cannot prevent women or adolescent girls from accessing health services.* CEDAW states that "if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers."[29] The CRC has also requested States to ensure that "adolescents are not deprived of any sexual and reproductive health information or services due to providers' conscientious objections."[30]

CESCR General Comment No. 14 (2000) states that everybody has the right to the highest attainable standard of health[31], and it urges State parties to provide a safe and supportive environment for adolescents, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counselling, and to negotiate the health-behaviour choices they make. The realisation of adolescents' right to health is dependent on the development of youth-friendly healthcare, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

States should recognise young people's agency and right to make decision about their sexual and reproductive health. We need to reinforce young women's right to consent, and bodily autonomy and build supportive environment empowering young women and girls to make autonomous and informed decisions about their reproductive health.

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**ABOUT THE PUBLICATION**
This paper discusses the barriers young women face when accessing healthcare and safe abortion services even in contexts where abortion is legal because of their age and gender. The obstacles that many young women face in obtaining safe and legal abortions include restrictive laws that criminalise abortion, lack of providers willing to perform abortions, substandard conditions in healthcare facilities, fear of stigmatisation for terminating pregnancy, and individual beliefs on abortion. The paper argues for an intersectional approach in enabling access to safe abortion for young women that takes into account the discrimination faced by young women based on their race, caste, class, gender, age, marital status, and region and the unique vulnerabilities that young women based on their identities and location.

**ABOUT SAIGE**
The Safe Abortion Advocacy Initiative- A Global South Engagement (SAIGE) is a platform for Global South advocates, activists, academics and services providers committed towards realizing safe abortion as a human right.