



Held Back by Fear

How Stigma and Discrimination Keep Adolescents from Accessing Sexual and Reproductive Health Information and Services

HP+ POLICY *Brief*

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There are more young people alive today than ever before—1.8 billion youth between the ages of 10 and 24 (UNFPA, 2014).

The size of today's youth population makes cultivating the health and well-being of young people a challenge of unprecedented magnitude and urgency. Sexual and reproductive health (SRH) is central to meeting this challenge. Complications in pregnancy and childbirth are the second leading killer of adolescent girls in developing countries. Moreover, while HIV-related deaths have fallen 35 percent since 2005, deaths among adolescents are on the rise (Office of the Secretary-General's Envoy on Youth, 2015). To improve health outcomes for adolescents, the global health community must address SRH issues. Yet, adolescents around the world still face barriers to accessing SRH services and information. Restricted access to SRH services and information leaves adolescents at risk for unplanned pregnancy, HIV, and other sexually transmitted infections (STIs). Reducing the barriers faced by adolescents seeking SRH services and information requires taking a fresh look at this issue through a different lens: stigma and discrimination.

Stigma is a complex social process that often leads to social and economic exclusion of individuals and groups. Stigma often targets those who transgress—or who are perceived to transgress—social norms governing appropriate behavior. Stigmatized individuals and groups, in turn, may be subject to discrimination. Together, stigma and discrimination have been recognized as major barriers to accessing HIV prevention, care, and treatment services. Yet, relatively little attention has been given to the effects of stigma and discrimination on adolescents' access to family planning and other SRH services (Waymoi et al., unpublished).

A 2014 study carried out in Tanzania by the USAID-funded Health Policy Project (HPP) and the National Institutes for Medical Research (NIMRI) in Mwanza, Tanzania sheds light on how stigma and discrimination pose barriers to adolescents' access to SRH services and information (Waymoi et al., unpublished). Findings from the study, which explored the impact of stigma and discrimination on adolescents' access to family planning, underscore the need to devote additional attention and resources to stigma and discrimination in adolescent SRH.

Social norms and economic concerns

Pressures to uphold social standing in the community by adhering to social norms, coupled with economic concerns, were the key drivers of stigma and discrimination in the study communities. Breaking with social norms governing “proper” or “socially acceptable” adolescent sexual behavior was perceived to undermine social standing—not only for the individual, but for the family as well. The “stain” of stigma spread to anyone perceived as contributing to, or failing to prevent, the “bad” behavior, including parents, family members, peers, and even schools. Participants reported that fear of damaged reputations caused some schools to expel pregnant girls.

According to participants, both unmarried girls and boys were expected to abstain from sexual behavior, but abstinence was significantly more important for girls, in part because they can get pregnant. Pregnancy, as visible evidence of transgressing sexual norms, puts unmarried girls at increased risk of loss of respect, shame, and damage to their personal and family standing.

Parents invest in their children's future by supporting their education, often incurring significant financial hardship as a

result—an investment presumed lost if a girl becomes pregnant. This perceived loss of investment served as a driver of discrimination inflicted on unwed pregnant girls by their families.

Key Findings

- Pervasive stigma surrounded adolescent and young people’s premarital sexual activity, use of family planning, unplanned pregnancy, and STIs.
- Stigma is active at many levels of society (individual, family, community, school, and health facility).
- Respondents perceived that, because of stigma, adolescents struggled to access and use contraception and were reluctant to seek STI treatment or antenatal services.
- Stigma was driven by economic constraints and social norms (including expectations of appropriate behavior, pressure to maintain social standing, and the importance of fertility and childbearing).
- Within family and community, stigma was manifested through shaming, name calling, isolation, physical punishment, and withdrawal of emotional and economic support.
- In health facilities, stigma manifested through shaming, scolding, and excessive questioning by healthcare providers, and sometimes refusal of service.
- Stigma was not confined to individuals, but spilled over (secondary stigma) onto families and institutions (e.g., schools).
- There appears to be a disconnect between national policies and service provision, with provision of SRH services affected by the climate of stigma surrounding adolescents’ sexual activity.
- The impacts and stigma and discrimination fell harder on young women than young men: girls faced stricter social norms surrounding sexuality and their experiences of stigma were likewise intensified.
- The fear of stigma can be at least as powerful as actual real-life experiences of stigma and discrimination.

Stigma and discrimination have multi-layered impacts. For example, embarrassment, shame, and fear of disclosure lead many young women to seek out unsafe abortions. Failing that, many adolescent girls who experience unplanned pregnancy may find fear of stigma preventing them from accessing timely antenatal care. Given the pervasiveness of stigma, together with its substantial impacts, there is a need to integrate stigma reduction into programs focused on providing youth-friendly services. As stigma is produced and experienced at different levels—from the individual to health facilities and beyond—efforts to address stigma and discrimination must be equally far-reaching. Bringing a stigma lens to bear on adolescent SRH has the potential to positively affect the lives of young people around the world, especially young women.

References

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