How Young is “Too Young”?
Comparative perspectives on adolescent sexual, marital & reproductive transitions

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“beyond 15-19-year-olds”

- early adolescence 10-14 (10-11;12-14)
- middle adolescence (15-17)
- late adolescence (18-19)

- Age- and gender-specific physiological characteristics, social & cultural meanings & policy implications
Comparative perspectives on 3 key transitions

- first (heterosexual) intercourse
- first marriage or cohabitation
- first birth (not pregnancy)

- before age 15, age 18, age 20
- DHS data 60 countries + other studies
Transitions: Brazil, Mali, Nepal & Philippines
Criteria for assessing age-appropriateness

- physiological “readiness” of the female body for intercourse and childbearing
- boys and girls’ “evolving” cognitive capacities
- legal definitions of “age of consent” to sex and marriage
- international (UN) standards

(not considered here: opportunity costs such as interruption of schooling; economic prerequisites of marriage such as dowry, bride price, ability to support a family independently, etc.)
Physiological readiness: the maturation of the female sexual body

- Average age at menarche 12-13 in healthy populations; 14-15+ in deprived populations (rural-urban differences 1-2 years); normative individual variation within groups 4-5 years
- Menarche is NOT a sign of “readiness”
- Post-pubertal growth and maturation (protective)
- First pregnancy ideally postponed to “gynecological age” of 4-5 years (15-18+ years)
Physiological readiness: male sexual maturation and age at first intercourse

- Male puberty 1-2 years later than females; large individual and group variations
- Strong hormonal jolts of testosterone: sex drives and “sensation-seeking” (other risky behaviors)
- “Semenarche” (first ejaculations) 13-14 years up to 16-17 in some nutritionally deprived populations
- Adult bodily development & reproductive capacity 16-20
- “Precocious” male sexual initiation: 40% of male students in 9-country Caribbean study (said they) had sex at 12 or younger. Impulsivity, immaturity.
- DHS figures <15 highest in Nicaragua, Haiti, Brazil & Gabon (35%); lower elsewhere (only 4% in Ghana, Tanzania; 0-2% in Ethiopia, Eritrea, Indonesia, Thailand, Philippines)
Cognitive preparedness: capacity for impulse control, critical and logical thought, empathy, etc.

- Growth & maturation of brain influenced by timing of pubertal transitions + environmental interactions
- Ages 10-12: brain structures and mental processes are still developing; males 1-2 years later than females
- Ages 13-14: increased capacity for abstract thought, critical thinking; still low levels of impulse control
- Middle and late adolescence: brain becomes fully “articulated;” some individuals and groups reach “cognitive maturity” much later than others (some never!)
- Influence of schooling and other life experiences on the acquisition of information and cognitive skills
Early adolescence (14 or younger) is “too young” to have intercourse, marry or cohabit, and have children despite its cultural acceptability in many settings

- Young adolescent girls are not physiologically ready for intercourse and esp. for pregnancy
- Girls and boys <15 (esp. boys) are not mature enough cognitively to protect themselves and others from risk or to give informed CONSENT
- Transitions <15 violate young adolescents’ sexual and reproductive rights and health (not informed, not protected against STIs/HIV or precocious pregnancy, not safe, not consensual)
Early adolescence is NOT too young to provide boys and girls with essential information & services, such as …

- SRH services: condoms, pills, safe abortion, pregnancy and delivery care, STI/HIV counseling & testing; counseling & treatment of sexual violence and abuse. Remove access barriers based on age, marital status; reach out to young adolescents, including young brides.

- Legal & social supports at community & national levels for elimination of marriage (or promise in marriage) of girls under 15

- Sexuality education & skills building beginning in primary levels to reach <15s while still in school (+ out-of-school programs) … Practical, comprehensive rights-based ..
Wall poster in Oaxaca, Mexico

Educación en la Sexualidad, Nuestro Compromiso
Transitions in middle adolescence (15-17 years)

- Age-profiles of gender-specific trajectories show dramatic contrasts across countries up to age 18.
- Are 15-17-year-olds “too young” to have intercourse? It depends...
- Are 15-17-year-olds “too young” to marry or form cohabiting unions? It depends...
- Are 15-17-year-old girls “too young” to give birth? It depends...
It depends …

…not age per se, but on whether such transitions are:

- informed (sexual and reproductive KAP)
- safe (physically, socially, emotionally)
- fully voluntary for both partners (capacity to refuse sex, marriage, avoid unwanted childbearing)

…all of which depend on the individual’s cognitive maturity, information, skills, “agency,” and on enabling socioeconomic, legal & cultural conditions and policy environments
SEX with CHILDREN under 18?
COSTA RICA will pursue and PROSECUTE YOU!

CHILD SEX TOURISM: A GLOBAL PROBLEM

IMPACTO
240-2415

World Vision
Vision Mundial Costa Rica
Age 18: “old enough?”

- 18-19-year-olds are generally “old enough” by most criteria to make informed decisions about sex, union formation, childbearing (given certain assumptions)

- “Wantedness” status of sex, marriage, pregnancies higher at this age; safety greater; competence higher

- Transitions 18-19 are NOT “problematic” for reasons of age alone and are NOT equivalent to those at younger ages (15-17, or especially 14 and under)

- References to reducing “adolescent fertility” (15-19) or “early marriage” (under 20) or “child marriage” (under age 18) are not useful; need to be more specific as to ages, stages, reasons, environments of choice/coercion
Conclusions…

- Adolescent “ages” and “stages” are not highly synchronized; sexual bodies mature faster than cognitive capacities; females faster than males; group differences.

- Nevertheless, age categories 10-14, 15-17, 18-19 provide a useful “template” for comparative analyses of girls’ & boys’ physiological and cognitive maturation & their capacity to make safe, informed & voluntary decisions in diverse environments of opportunity & risk.

- Responsive policies will invest in adolescents BEFORE they become sexually active (at whatever age) with the information, services, and legal and social supports they need to make “free & responsible” decisions.

- POLICY MAKERS NEED GOOD DATA!
Thank you!

and to:

- IUSSP Scientific Panel on Adolescent Life Course in Developing Countries
- International Women’s Health Coalition
- PhotoShare, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health