

SEXUAL, REPRODUCTIVE, AND MENTAL HEALTH



The needs of adolescent girls in the area of sexual and reproductive health (SRH) and mental health are high, complex, and critical. Girls under 15 years old have a higher risk of death from maternal causes than older girls. Girls account for seven in 10 new HIV infections among 15–19 year olds in Sub-Saharan Africa. Due to lack of control of resources and lack of knowledge, access to the health services that girls need remains challenging. Violence against women and girls is linked with SRH and mental health issues.

NATURE OF THE PROBLEM FOR GIRLS



LEARN

Girls are more likely to take the role of caregiver for sick family members and miss school, continuing the cycle of economic dependence on males and increasing risk of infection.



EARN

Poor health (specifically mental health issues) can cause reduced concentration at school and absenteeism from school or work.



STAY SAFE

Sexual and reproductive health (SRH) issues and lack of knowledge are significant concerns, putting girls at risk of infection, early pregnancy and complications, and maternal death. Violence against girls creates a significant need for comprehensive SRH and mental health care. Girls are sometimes too scared to seek treatment due to stigma.

DEPTH: WHAT IMPACT CAN A SOLUTION BRING?



The significant impact of mental health on school participation, also indicates that a specific focus on mental health interventions may contribute to better outcomes for girls.



Improved health knowledge, practices, and care would improve attendance at school and productivity at work, thereby increasing education and earning potential.



Increased knowledge about SRH and access to modern contraception can help girls avert unintended pregnancies and unsafe abortions.

FOCUS: WHICH GIRLS WOULD BENEFIT THE MOST?

Health interventions will likely benefit all adolescent girls, but will be dependent on what the actual intervention is. **SRH and mental health issues appear prevalent across all groups of adolescent girls, with some issues affecting some age groups more than others** (such as early marriage). There is very little evidence on mental health prevalence in these countries, but what does exist suggests that all girls are at higher risk boys and that violence is a risk factor.

SCALE: HOW MANY GIRLS CAN BE REACHED?

	15-24 HIV rate	<19 pregnancy rate	MMR (1)	VAG (2)
KENYA 	4%	18%	362	45%
ETHIOPIA 	2%*	54%	353	64%
RWANDA 	1.2%	Not available	210	64%
TANZANIA 	1.6%	44%	410	55%
UGANDA 	3.2%	63%	343	62%

1. Maternal Mortality Ratio (MMR): number of maternal deaths per 100,000 live births
2. Violence Against Girls (VAG): % of girls age 15-19 (Kenya is 15-24) who feel that wife beating is justified

SPRING PARTICIPANTS WORKING IN HEALTH

