



Demystifying Data Fact Sheet

Sexual and Reproductive Health of Young Women in Honduras

- There are approximately 439,000 women aged 15–19 living in Honduras as of 2014; they account for 11% of the total female population.
- The vast majority (93%) of girls attend primary school, but only about half (52%) attend secondary school.
- Most young women have regular access to some form of media. About three-quarters (73%) report at least weekly exposure to radio or television, and fewer than one-third (31%) report weekly exposure to newspapers.

SEXUAL ACTIVITY, UNIONS AND BIRTHS

- Thirty-nine percent of Honduran women aged 15–19 report having ever had sex.
- Among all 18–24-year-olds, 44% had sex before age 18; the proportions among those in rural areas and in the poorest households are higher than the national average, at 49% and 58%, respectively.

- More than one-quarter (27%) of 15–19-year-old women have ever been in a union (legal or consensual).* A greater proportion of rural young women than of their urban counterparts have ever married (33% vs. 22%), and the proportion declines with increasing wealth, from 37% in the poorest households to 12% in the wealthiest.
- Nearly one-half (45%) of recent births to women younger than 20 were unplanned; that is, they were wanted at a later time or were not wanted at all.

USE OF REPRODUCTIVE HEALTH CARE

- A lower proportion of sexually active (i.e., had sex in past three months), never-married young women than of their married counterparts use a contraceptive method (50% vs. 56%).
- Unmet need for contraception (i.e., wanting to delay pregnancy for the next two years, but not using a method) is high among sexually active, never-married women aged 15–19 (42%), with no variation by area of residence.
- In comparison, among those who are married, just 16% in both rural and urban areas have an unmet need for contraception, with minimal variation by household wealth.
- Between 2006 and 2012, unmet need declined by nearly two-fifths among married 15–19-year-olds in both urban and rural areas; however, among single, sexually active women of the same age, unmet need decreased by just one-tenth over the same period.

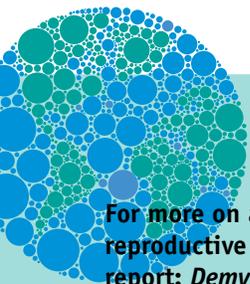
SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

- Honduran women aged 15–19 have heard of an average of six modern contraceptive methods.
- Nearly nine in 10 (87%) women aged 15–19 report that they know where to obtain a condom.
- Whereas solid majorities of Honduran women aged 15–24 are aware that condom use and having one uninfected partner reduce the risk of HIV infection (74% and 85%, respectively), only 33% have a comprehensive knowledge of HIV/AIDS, defined as knowing both of these HIV-prevention methods, knowing that a healthy-looking person can be HIV positive and rejecting two common local misconceptions about HIV transmission.
- Among women aged 15–24, the proportion with comprehensive knowledge of HIV is nearly twice as high in urban areas as in rural areas (42% vs. 23%), and is four times as high among women in the wealthiest households as among those in the poorest (48% vs. 12%).

GENDER INEQUALITY AND SOCIAL NORMS

- The vast majority (90%) of women aged 15–19 agree that a woman is justified in refusing sex if she knows that her husband has had sex with other women.
- Almost all (93%) women aged 15–19 believe that if a woman's husband has an STI, she is justified in asking him to use a condom.

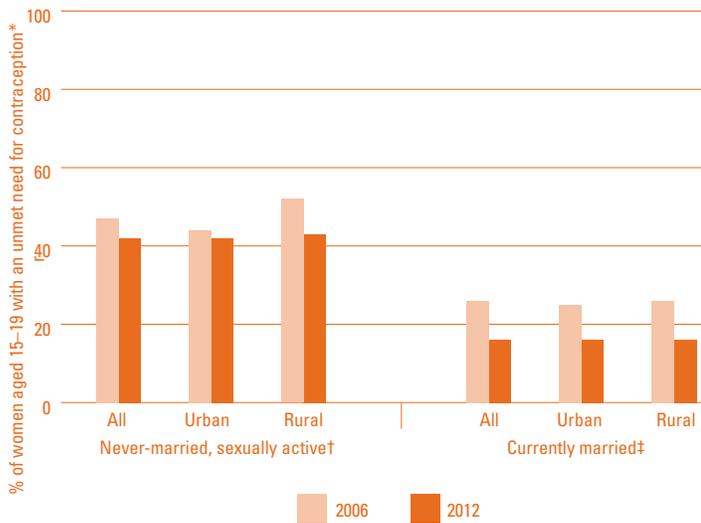
*From here on, we use the term "married" to refer to both legal and consensual unions.



For more on adolescent sexual and reproductive health, see the full report: *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights.*

Trends in Unmet Need

Among never-married adolescents, unmet need for contraception is high and is declining only in rural areas; levels are far lower—and uniformly falling—among married adolescents.



*Women with unmet need are those who are able to become pregnant, but would prefer to avoid a pregnancy in the next two years, and are not using any contraceptive method. †Sexually active is defined here as having had sex in the past three months. ‡Currently married women are considered sexually active.

- Only 15% of 15–19-year-olds agree with at least one of five specified reasons for why a man would be justified in hitting his wife.

- More than three-quarters (79%) of married women aged 15–19 report that they have sole or joint (with their husband) say over their own health care. This indicates that about one-fifth of married young women are not involved in their health care decisions.

- Among 15–19-year-olds who have ever been married, 28% report having experienced some type of abuse (psychological, physical or sexual) at the hands of their partner in the past year.

POLICY ENVIRONMENT

- Since 1997, all abortions have been illegal, including those needed to save the life of the pregnant woman.

- In 2012, the Honduran Supreme Court upheld a ban

on emergency contraception; selling, distributing or using emergency contraception carries the same punishments as performing or obtaining an abortion.

- Minors must have parental consent for HIV counseling and testing.

- The Honduran government signed the ministerial declaration “Preventing through Education” in 2010, thereby committing itself to work toward ensuring the sexual and reproductive health and rights of all young people. One of the declaration’s goals is to reduce the number of schools that do not provide comprehensive sexuality education by 75%.

POLICY AND PROGRAM IMPLICATIONS

- That single adolescents’ level of unmet need is 2.7 times as high as married adolescents’ suggests it is particularly difficult for single young women to

prevent unintended pregnancy. This is partially because of the stigma they face for being sexually active outside of marriage.

- Young women’s high unmet need often leads to high levels of unintended pregnancy. The absolute prohibition of abortion in the country can lead to unsafe, clandestine abortions, which jeopardize young women’s health.

- To prevent unintended pregnancy and the unsafe abortions that often follow, young women should have access to youth-friendly, nonjudgmental services that offer the same range of contraceptive options available to adult women, including long-acting, reversible contraceptives.

- Many young women have regular access to television and radio; these media could be effective channels through which to provide accurate information on sexual and reproductive health. Furthermore, the use of new technologies, including mobile phones with Web-enabled platforms, should be explored, given their increasing use.

Most of the data cited here come from Anderson R et al., *Demystifying Data: A Guide to Using Evidence to Improve Young People’s Sexual Health and Rights*, New York: Guttmacher Institute, 2013, and from special tabulations of data from the 2005–2006 *Encuesta Nacional de Demografía y Salud (ENDESA)* and the 2011–2012 *ENDESA*. For additional references, please go to: <http://www.guttmacher.org/pubs/FB-DD-Honduras.html>

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