Chapter 1

Advancing Our Understanding of Adolescent Girls’ Experience

Adolescence is a powerfully formative time of transition to adulthood, roughly concurrent with the second decade of life. What happens between the ages of 10 and 19, whether for good or ill, shapes how girls and boys live out their lives as women and men—not only in the reproductive arena, but in the social and economic realm as well. Yet, despite its impact on human development, adolescence has been sidelined as a research and policy subject in developing countries. As a result, we know little about young people’s lives in these societies.

Policy interest in adolescence has begun to expand—consider the United Nations Convention on the Rights of the Child, which defined childhood as extending through age 18, and the less appealing but prevalent concern about the security implications of large numbers of unemployed youth.¹ Nevertheless, the center of the adolescent problematique remains sexual and reproductive behavior. Demographically founded concerns about adolescent fertility have led to inquiries into young people’s rates of sexual activity, unintended pregnancy, and childbearing. Concerns within the health community about the alarming increase in the numbers of HIV-infected youth, particularly females, have spawned research on adolescent sexual behavior and reproductive health. These are important subjects of study, but they have often been dealt with superficially. In particular, gender issues have been greatly neglected in this

¹Because of their large and growing numbers and their disproportionate representation among rural-to-urban migrants (Oucho and Gould 1993), adolescents are perceived as a security risk. Some analysts argue that masses of unemployed, on-the-move youth (i.e., adolescent males) pose a threat to civil society (Kennedy 1993). The Central Intelligence Agency Task Force on State Failure included a “youth bulge variable” (the ratio of 15-24-year-olds to 30-55-year-olds) in their quantitative model predicting political stability. This variable was one of three out of 75 that best predicted a state failure involving communal conflict (Esty et al. 1995).
Girls’ social and economic disadvantages are the driving forces behind early marriage and childbearing.

research—despite the fact that many more girls than boys marry and/or have a child before age 20. Moreover, adolescence is precisely when gender role differentiation intensifies.

Girls and boys in cultures throughout the world are treated differently from birth onward (and even antenatally where selective abortion of female fetuses is practiced), but at puberty this gender divide widens (Bruce, Lloyd, and Leonard 1995). During adolescence, the world expands for boys and contracts for girls. Boys enjoy new privileges reserved for men; girls endure new restrictions reserved for women. Boys gain autonomy, mobility, opportunity, and power (including power over girls’ sexual and reproductive lives); girls are systematically deprived of these assets.²

The English language fosters blindness to, and neglect of, the distinctive experiences of adolescent girls. Paradoxically, just at this stage when gender roles diverge sharply, language homogenizes gender. Males and females are “boys and girls” as children, and “men and women” as adults. In between, gender differences dissolve into androgynous appellatives: adolescent, teenager, young adult, young person. This linguistic lumping together of male and female adolescents masks the inequities of their experience.

Girls’ social and economic disadvantages have many direct and indirect effects on their reproductive behavior and health. We argue that these disadvantages are, in fact, the driving forces behind early marriage and childbearing. They largely account for the fact that more than 40 percent of girls in the developing world give birth before the age of 20 (Bos et al. 1994; Singh 1998b).³

The world is now populated by the largest generation of youth in human history—and the next generation will be even larger. There are now roughly 900 million 10–19-year-olds in developing countries; by the year 2005, their numbers will exceed 1 billion (Bos et al. 1994).² Even if average fertility were to fall rapidly to the replacement rate of 2.1 births per woman, the sheer number of females giving birth over the next decade will be so large that population will continue to grow rapidly for

² This pattern varies in different geographic settings, socioeconomic groups, and families and, of course, does not apply to every individual.
³ This statistic masks considerable variation across regions. It is based on surveys of 20–24-year-olds in 43 countries representing 75 percent of the developing-world population outside China. Actual figures are 42 percent for all 43 countries, 55 percent for sub-Saharan Africa, 33 percent for Latin America, and 26 percent for North Africa. The fertility data are drawn from Singh (1998b) and the population data are taken from Bos et al. (1994). Aggregated figures were calculated by computing a weighted average of the percentage of girls giving birth before age 20, such that individual countries contribute to the aggregate in proportion to their population size.
some time. This phenomenon of “population momentum” will account for about half of future population growth in the developing world up to the year 2100 (Bongaarts 1994).\(^5\) Raising the average age at which females begin childbearing—thereby lengthening the span between generations—could yield substantial and closely linked social, economic, and demographic dividends. For example, if the mean age of childbearing\(^6\) in Bangladesh were to rise by five years, approximately 40 percent of population growth attributable to momentum would be averted (Bongaarts 1998) and the wellbeing of young females would almost certainly improve. Because the age at which females begin childbearing is largely determined by the social, economic, and gender dynamics operating in their lives, we should understand these dynamics even if our concerns are strictly demographic.

While all adolescents deserve our attention, the needs of adolescent girls in the developing world are particularly pressing. Furthermore, their wellbeing is crucial to the social cohesiveness and economic productivity of their societies. For these reasons, our monograph focuses on adolescent girls. Their experience during the critical second decade of their lives shapes their future and, by extension, the future of the societies in which they live.

**Characterizing adolescence**

Adolescence has a relatively short history, both as a recognized stage in the life span of girls, in particular, and as a subject of research. To the extent that anthropologists have studied the transition to adulthood,
they have focused primarily on rites of passage at puberty rather than on socialization into procreative and economically productive roles (Bledsoe 1996). In part, this is because girls in most traditional cultures moved more or less directly from puberty into marriage and childbearing. A cross-cultural analysis of 46 preindustrial societies (based on ethnographic studies conducted between 1880 and 1980) found that many girls had no period of “maidenhood,” defined as the interval between menarche and marriage. In 20 of these societies, girls were married at, or soon after, menarche, and sometimes moved into their future husband’s residence even before reaching puberty. In the remaining 26 societies, marriage was delayed a maximum of four years following menarche (Whiting, Burbank, and Ratner 1986). Thus, to many observers, girls in such societies had no visible adolescence.7

The interval between puberty and marriage undoubtedly lasted longer for boys than for girls in preindustrial societies, as it does in traditional cultures today. In these settings, males generally need time to acquire resources before setting up a marital household and, therefore, do not marry until they are older—at which point they usually marry younger (often much younger) females (Caldwell et al. 1998). This accounts, at least in part, for the gender differential in the gap between puberty and marriage. Statements about the duration of this interval for males must remain speculative, however, because data on spermarche (the male equivalent of menarche) and men’s age at marriage are extremely sparse (Whiting and Whiting 1990).

The consensus among social scientists is that adolescence as we know it—a period in which children attain physical maturity but are not burdened with adult roles and responsibilities—is an epiphenomenon of modern, industrial societies (Caldwell et al. 1998; Senderowitz 1995). Adolescence (from the Latin adolescere, to grow up) did not appear in the social science literature until 1904, when G. Stanley Hall published his two-volume work, Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education. As early as the Middle Ages, however, the term was used to denote a stage in the life cycle of man (Kett 1971: 95).

7 This was also true of girls in the United States prior to the twentieth century. The view that evolved in the nineteenth century was that only boys passed through a protracted stage of preparation for adult life following childhood (known as “youth,” rather than “adolescence,” at that time). Girls, on the other hand, moved from childhood through a brief, “wrenching” puberty (between the ages of about 14 and 16), and then were married promptly, if possible, to ward off the “threat to female virtue posed by the sudden onset of sexual maturity” (Kett 1971: 108). Marriage marked girls’ entry into adulthood—a view that is still widely held today.
Recently, some anthropologists have criticized the historicization of adolescence, arguing that the stage between childhood dependency and adult autonomy is an inherent developmental phase, which exists in all cultures at all times (and even among other primates). In this view, adolescence always and everywhere involves the same set of issues: management of sexuality among unmarried individuals, social organization and peer group influence among adolescents, and training in occupational and life skills (Schlegel 1995). We agree with this conceptualization for the most part; however, we would modify it by arguing that adolescence does not end with marriage and/or childbearing. This is not a semantic fine point; it has important research and policy implications. The second decade of life is a time of heightened vulnerability for girls and critical capability-building for children of both sexes. These are defining features of adolescence; they apply to all 10–19-year-old children, regardless of their marital and/or childbearing status. This fact is obscured when we classify adolescent girls with husbands and/or children as “adults.” Furthermore, this classification deprives such girls of the rights, protections, services, and opportunities afforded to other children their age. Thus, we maintain that a girl remains a girl until she reaches age 20, no matter what occurs in her life prior to that time.8

Current approaches to research on adolescents
Adolescents are gaining more attention from population researchers, largely because of changing circumstances for girls in many countries. With education becoming more widespread,10 age at marriage increasing (Singh and Samara 1996; Westoff, Blanc, and Nyblade 1994),11 and age

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8 We include 19-year-olds in the category of children, although the Convention on the Rights of the Child defines them as adults.

9 For example: the National Academy of Sciences’ Committee on Population convened a workshop in March 1997 titled “Adolescent Sexuality and Reproductive Health in Developing Countries: Trends and Interventions” (see “Adolescent Reproductive Behavior in the Developing World,” a special issue of *Studies in Family Planning*, 29, no. 2, 1998). A 1995 issue of *Population Reports* (which covers important developments in the population literature) was devoted entirely to adolescence; it cited nearly 600 books and articles on the subject, culled from the population literature. Titled *Meeting the Needs of Young Adults*, the document defined these needs largely in relation to fertility and reproductive health (McCaulley and Salter 1995).

10 Surveys indicate an increase over the last 30 years in the percentage of women with some schooling. Moreover, female enrollment ratios for primary and secondary school (i.e., the number of girls of a given age enrolled in school compared to the number of children of that age in the population) also have risen, except in sub-Saharan Africa, where these numbers have stagnated over the last 15 years (McDevitt et al. 1996: 25–26, A16–A17).

11 Evidence for this trend comes from a comparison of median ages at first marriage across birth cohorts for countries included in the Demographic and Health Sur-
at menarche declining (Barnes-Josiah and Augustin 1995; Cameron and Nagdee 1996; Chakravarty 1994; Jabbar and Wong 1988; Jaruratanasirikul and Lebel 1995; Sharma and Hiramani 1985), the interval between puberty and marriage is lengthening. As a result, girls in many parts of the world are facing a prolonged risk of pregnancy and reproductive health problems prior to marriage.

Most research on developing-country adolescents has taken a conventional approach to the study of sexual and reproductive behavior; thus, demographic data on adolescents are confined largely to the standard set of variables (e.g., percentage of females who marry and give birth before age 20). In response to the rising rates of HIV infection among teens, some recent studies have documented behaviors that jeopardize reproductive health. Unfortunately, data on adolescents are often collected only for females, and usually in limited age cohorts—for example, only teens aged 15–19 (see, for example, Alan Guttmacher Institute 1998; Loffredo et al. 1994; McCauley and Salter 1995; McDevitt et al. 1996; Noble, Cover, and Yanagishita 1996; Senderowitz 1995; WHO and UNICEF 1995).

The Demographic and Health Surveys (DHS) have served as the primary source of data for studies of developing-country adolescents by population researchers, with some notable exceptions (see, for example, Morris 1992, 1994). The DHS is principally designed to monitor the fertility and health behavior of females aged 15–49 (defined as “women of reproductive age”) in more than 50 developing countries. Data from these surveys are indispensable for many purposes, but they are limited in ways that hamper research on adolescents. Their primary drawback also characterizes almost every major survey of adolescents to date: they lack critical information on the background and context of sexual and reproductive behavior. More specifically:

- There is insufficient time in the standard DHS interview to include probing questions about the behavior and circumstances of restricted age groups, despite the fact that events during the teen years can have profound implications for later life.
- Many of the surveys include too few 15–19-year-olds. This is because interviewers displace 15–16-year-olds out of the group eligible for individual interviews, and because older teenagers who do not know their own birthdate often say they are 20 years old.

Retrospective reporting of age at marriage by older women (aged 40+) is considered less reliable because of recall error. When the comparison is restricted to women aged 20–39, the decline in median age at marriage is still apparent (except in many Latin American countries).
old, causing a “heaping on age 20” (Rutstein and Bicego 1990). Thus, it is unknown whether respondents reported to be 15–19 years old constitute a representative sample of teenagers in that age group.

• The DHS excludes girls under the age of 15, but many girls reach menarche sooner—some at age 10 or even earlier.

• In countries where female sexual activity and reproduction usually take place within marriage (about one-quarter of DHS countries), surveys are generally restricted to ever-married women; samples of adolescents are selective.12 This exclusion of unmarried females provides an incomplete picture of adolescence in these countries.

• The DHS rarely interviews adolescent boys: out of 103 surveys, 46 have included males.13 Until recently, these male respondents were limited to husbands of female respondents and other married men, most of them older than 20 (Macro International 1997).14 Data on men are limited to such variables as numbers of living children, knowledge and use of contraceptives, fertility preferences, and knowledge and behavior related to AIDS (Ezeh, Seroussi, and Raggers 1996).

Other groups have conducted surveys of adolescents in several developing regions, but these efforts have also targeted reproductive behavior and health. For example:

• The East-West Center’s Program on Population has undertaken surveys of adolescents in Hong Kong, the Philippines, and Thailand, and is planning surveys in Indonesia and Vietnam, as part of its program of research on youth sexuality. The surveys emphasize behaviors that put adolescents at risk of sexually transmitted infections (Balk, Cruz, and Brown 1997).15

• The U.S. Centers for Disease Control and Prevention (CDC) have been conducting a series of Young Adult Reproductive Health Surveys in eight Latin American and Caribbean coun-

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12 The countries where only currently married or ever-married women have been sampled are Bangladesh, Egypt, India, Indonesia, Jordan, Nepal, Pakistan, Sri Lanka, Sudan, Thailand, Tunisia, Turkey, and Yemen.

13 These numbers exclude in-depth and experimental surveys.

14 In the last five years, the DHS study design has been modified to include unmarried men. Adolescent boys aged 15–19, and sometimes even 12–19, have been included in 25 surveys. Of these, 21 were conducted in sub-Saharan Africa and four in Latin America and the Caribbean; thus, no surveys in Asia (East, South, or West) or North Africa include unmarried adolescent boys.

15 Results of these surveys have not been published yet, but they have been presented at conferences.
tries. Their goal is to collect data on sexual activity and contraceptive use in a representative sample of youth, composed of 15–24-year-old males and females residing mostly in cities or island countries.\(^{16}\) The surveys document premarital sexual activity, fertility, and contraceptive use (including use at first intercourse) without describing the environment in which these behaviors occur.\(^{17}\)

- Surveys of African adolescents have been carried out by individual researchers, primarily in cities in Guinea, Kenya, Liberia, Nigeria, Senegal, and Zimbabwe. These surveys have many of the same limitations as the CDC surveys cited above (Ajayi et al. 1991; Amazigo et al. 1997; Boohene et al. 1991; Feyisetan and Pebley 1989; Görgen et al. 1998; Kiragu and Zabin 1993; Naré, Katz, and Tolley 1996; Nichols et al. 1986; Nichols et al. 1987; Youri 1994).

A few studies of adolescents have obtained some of the background and contextual information that is notably lacking from the surveys cited above:

- The 1995 Yaoundé Family Formation Dynamics Study examined the context of sexual activity in a group of single 17–25-year-old males and females in the capital of Cameroon. Using a structured survey and focus groups, the researchers examined the motivations and strategies underlying the subjects’ sexual relationships. Given its focus and the age of its subjects, this study belongs more to the literature on sexual networking (which arose in response to the AIDS crisis) than to the literature on adolescence, but it could serve as a model for studies of adolescents (Calvès, Cornwell, and Enyegue 1996; Orubuloye et al. 1994).

- A series of studies conducted by the International Center for Research on Women examined the nutritional status of adolescents in Benin, Cameroon, Ecuador, Guatemala, India, Jamaica, Mexico, Nepal, and the Philippines. In several countries, researchers asked respondents what they did while awake (because daily activity affects caloric requirements). Although the time-use data were flawed by the inaccuracies of retrospec-

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\(^{16}\) The survey in Jamaica used age 14 as the lower boundary. One national survey was conducted in Costa Rica.

\(^{17}\) This is predictable, given that the surveys were modeled on the U.S. Youth Risk Behavior Surveillance System, which collects data on unsafe and often illegal behaviors, such as unprotected sex and drug use (Morris 1992, 1994; Morris, Warren, and Aral 1993).
tive recall (Bouis 1996), the data did provide some insight into quotidian aspects of adolescents’ lives (Kurz and Johnson-Welch 1994).

- A recent study of adolescents in Egypt represents the most comprehensive effort to overcome the shortcomings of previous surveys. In 1997, researchers conducted a nationally representative survey of more than 9,000 Egyptian girls and boys aged 10–19. They collected information on education, work roles, social integration and emotional wellbeing, and daily activities. For a subset of the sample, data were collected on gender dynamics in the natal household, expectations regarding future roles and responsibilities within marriage, marriage and fertility behavior, general health and nutrition (including a clinical assessment), and reproductive health knowledge and attitudes (El-Tawila et al. 1998; Ibrahim, Mensch, and El Gibaly 1998).18

Overall, however, studies in developing countries have left us with a dearth of data on 10–19-year-olds, especially younger and unmarried ones. We are missing basic demographic and health information on many adolescents; we know little about their age- and gender-specific life experiences; we cannot identify the key transition points in their development; and we know few of the differentiating characteristics of married/unmarried and sexually active/inactive adolescents.

Some voices in the population field have called for data collection efforts devoted exclusively to capturing adolescents’ experiences in developing countries.19 This research could be made more multi-dimensional if it were to follow the course of research on adolescents in the United States, which has widened its scope in recent decades. While most of the U.S. work has focused on fertility,20 more and more studies are looking at other aspects of adolescents’ lives, including work, joblessness, and wages (D’Amico and Maxwell 1992; Gill and Michaels 1992; Grogger 1992; Kaestner 1991; Klerman and Karoly 1994; Michael and Tuma 1984; Mortimer et al. 1990; Powers 1994; Wolpin

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18 This ongoing study is a collaborative effort involving the Social Research Center of the American University in Cairo, the Population Council regional office for West Asia and North Africa, the High Institute for Public Health of Alexandria University, and the Department of Community Medicine at Assiut University.

19 Leo Morris, the demographer with the most experience fielding surveys of adolescents in developing countries, argued in a session at the National Academy of Sciences workshop on developing-country adolescents (see footnote 9) that donors should fund data collection efforts in this area if they really want to understand what is going on in this segment of the population.

20 In the 1970s and 1980s, studies of adolescents in the United States focused primarily on sexuality and pregnancy, as researchers sought to explain the disturbingly high
Our analytic approach

The demographic and health consequences of adolescent reproductive behavior, which have been defined by the population field as subjects of primary interest, concern us as well; but our analytic and policy bias is to pay closest attention to the antecedents of adolescent fertility and poor reproductive health. Adolescent sexual initiation and fertility are certainly significant demographic and epidemiological events, but they result from social, economic, and gender dynamics deeply rooted in family systems, peer relationships, and societal institutions. Thus, adolescent sexual and reproductive behavior cannot be explained and modified without understanding the familial and societal forces that shape this
behavior. We therefore explore how girls are treated in their families, schools, peer groups, and communities; and we probe for evidence of girls’ exclusion from, or integration into, the social and economic mainstream of their societies.

In preparing this monograph, our task was twofold: finding and then interpreting the data on female (and, to some extent, male) adolescents in developing countries. We reviewed the relevant literature; then, from the fragments of available information, we reconstructed girls’ passage from age 10 to 19 in developing countries.

Given the scarcity of data on adolescent girls, we are only able to present illustrative statistics in our analysis. Where data exist on boys, comparisons are made. We draw on conventional fertility surveys as well as other types of research—for example, studies of nutrition, time use, and family structure—to obtain a broad picture of girls’ lives. For the most part, we rely on the 39 Demographic and Health Surveys conducted since 1990 for which data were available in mid-1998. These surveys represent 53 percent of the population of Latin America and the Caribbean; 31 percent of the population of South Central and Southeast Asia; 77 percent of the population of sub-Saharan Africa; and 50 percent of the population of West Asia and North Africa. Disproportionately more sub-Saharan African countries are included simply because more surveys were conducted in this region.

In our work, we share the orientation of those in the child welfare and development community who have moved beyond the concern with young children’s mere survival to the question: Survival for what? This question raises the issue of young people’s capabilities, rights, and quality of life—a vital addition to the discourse on human development.

At present, public policy is marked by a radical discontinuity. Between infant/child survival programs and maternal–child health/family planning programs, conventional development efforts go into laten-
Girls disappear as policy subjects after receiving their last childhood immunization and do not reappear until they are pregnant and, in most cases, married. Fortunately, this is beginning to change as school enrollment becomes a higher-profile policy issue, calling attention to the needs of youth aged 5–18. Even so, adolescents (and, indeed, children over age 5) remain neglected from a policy point of view.

In the next two chapters, we follow adolescent girls along the path of their development, from their childhood homes out into the larger contexts of their lives—school, work, the sexual and reproductive realm—charting their experience in these areas. We recognize that there are “enormous differences across the world in adolescent sexuality, reproduction, and marriage” (Caldwell et al. 1998: 137); but there are also patterns of experience common to many girls in developing countries, which have not been emphasized in the literature. Our aim is to describe these patterns in order to provide researchers and policymakers with a broad, flexible framework for understanding girls’ experience. In the final chapter, we offer an agenda for adolescent policy, programs, and research. We hope this effort will help to generate more interest in adolescent girls—and indeed, all adolescents—and more inspiration to improve their lives.

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25 At the 1995 World Summit for Social Development, in Copenhagen, primary school attendance was identified as an issue in need of special attention.

26 We leave it to others to explain the origin of differences in girls’ experience from place to place, many of which are rooted in “precontact culture” (Caldwell et al. 1998: 151), and to adapt our framework to fit the unique conditions that prevail in specific settings.