**READING TECHNIQUE: PREVIEWING**

 Research shows that it is easier to understand what you are reading if you begin with a general idea of what the passage is about. Previewing helps you form a general idea of the topic in your mind. To preview, **read the title**, if there is one; **the first sentence of each paragraph**, and **the last sentence of the passage**. You should do this as quickly as possible. Remember, you are not reading for specific information, but for an impression of the topic.

**Instructions:** Read the text and answer the following questions

1. What is each paragraph about?
2. Why do unmarried young women have sex?
3. Why do national statistics about abortion not exist?
4. When did Burkina Faso recognize the existence of AIDS?
5. Why are most teens at risk of HIV infection?

**Adolescents in Burkina Faso: Reproductive and sexual health**

 Half of the population in Burkina Faso is under the age of 15. Many of these young people will become sexually experienced in their teens and, thus, will be at risk of or experience an unplanned pregnancy or a sexually transmitted infection (STI), including HIV/AIDS. To minimize these risks and secure a healthy future for adolescents, it is necessary that policymakers, journalists, service providers and advocates have solid evidence regarding the sexual and reproductive health needs of Burkinabè youth. This Research in brief documents what is known about Burkinabè adolescents’ sexual and reproductive health behaviors and needs, with particular emphasis on HIV/AIDS, and points the way forward toward improving policies and programs*.*

 Half of women and more than a quarter of men aged 15–19 have ever had sex. Among women, sex generally occurs within marriage, whereas among men, sex is outside of marriage (Chart A). By age 20, 92% of women and 52% of men have had sex; the median age at first intercourse is 17.2 for women and 19.7 for men. Two in 10 unmarried women aged 15–19 who have had sex have received money or presents in return for sex. Three in 10 sexually experienced unmarried men 15–19 have given money or presents for sex.

 Although the majority of adolescents approve of family planning, most do not use contraceptives. Among sexually active 15–19-year-olds, 84% of females and 63% of males currently do not use a modern contraceptive method. Contraceptive use is much higher in urban areas than in rural areas: Among sexually active 15–19-year-olds, 38% of women and 70% of men in urban areas currently use contraceptives, compared with 12% of women and 28% of men in rural areas. Only 6% and 9% of sexually experienced 15–19-year-old males and females who are not currently using contraceptives intend to use a method in the next 12 months.

 Young women in Burkina Faso marry early: More than one-third of 15–19-year-old women are married, compared with only 1% of men the same age. Median age at first marriage is 17.6 for women and 25.2 for men. In some areas, young women marry much older men: In one study in two rural provinces, almost one in three married women aged 13–19 reported having husbands who were 15 or more years older.

 More than one-quarter of women aged 15–19 have experienced at least one pregnancy, and 20% have had a child. By age 17, one in five young women have had a child or are pregnant with their first child. By age 20, this figure climbs to nearly three in five. More than double the proportion of adolescent women in rural areas than in urban areas have had a child (23% vs.11%).

 Abortion occurs among adolescents, but the level is not known. National statistics do not exist because abortion is illegal, as well as socially and culturally taboo. A study in the three largest cities found that 28% of women aged 10–25 who have been pregnant had had an abortion, and 42% knew of a friend who had had one. A study in Ouagadougou found that 22% of the 15–19-year-olds surveyed had terminated a pregnancy. The Ministry of Health declared in 2000 that clandestine abortion is a growing problem.

 Eight percent of 13–24- year-old men and 10% of women the same age had symptoms of an STI in the 12 months prior to a large study in Bobo-Dioulasso. Of those in the study with symptoms of an STI, five in 10 men and four in 10 women sought treatment. Another study revealed that only 15% of 13–19-year-olds in Ouagadougou and 7% of those in Tenkodogo said that they would visit a modern health facility if they contracted an STI. Burkina Faso officially recognized the existence of HIV/AIDS within its borders in 1986. By 1999, general awareness of AIDS among 15–19-year-olds was quite high, with 80% of females and 91% of males reporting that they had heard of the disease. However, about a third of both young men and women could not name any specific way to avoid infection, and about four in 10 did not believe themselves to be at risk (Chart B).

 Because the majority of adolescents are sexually experienced by the time they turn 20, most young Burkinabè are at risk of infection. Estimated HIV prevalence rates vary. For example, the estimated HIV prevalence among adults in 2001 was 7%, whereas more recent HIV prevalence estimates for 2003 are 4% (based on UNAIDS estimates) and 2% (based on HIV testing in the 2003 Demographic and Health Survey). Nonetheless, HIV prevalence figures continue to show that women—particularly young women—are at a greater risk of HIV/AIDS and are infected at younger ages than men.