Taking stock & looking ahead:
The state of the evidence to inform ASRH policies & programmes, & of its application

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Generating evidence:

1. What is the state of the evidence to inform ASRH policies & programmes?
2. What are the challenges & opportunities in further strengthening this evidence base?
Where are we with ASRH & rights 20 years since the International Conference on Population & Development?

“Although we now have a better understanding of the needs & problems of adolescents, what works & also what does not work, there are also many gaps in our knowledge & understanding.”
However, major evidence gaps persist

“We need better-quality evaluations and systematic reviews that provide evidence on what works, for whom & at what cost for a wider range of interventions & outcomes & taking into account the wide array of contexts, populations & needs ASRH covers.”
Further, quality of studies is often poor.

“We find very few high-quality articles (both intervention and evaluation) for intervening to prevent pregnancy & repeat pregnancy.”
Additionally, major data gaps persist

“The lack of disaggregated data by sex, age, disability, income and other variables keeps excluded groups and inequities hidden from policy radars...[and hinders efforts to] inform and monitor policies for prevention and tailored interventions.”
Mapping Adolescent Programming & Measurement

Projects or Programmes → Interventions → Determinants → Behaviours → Health & social outcome(s)
Health & social outcomes
Child marriage: Global prevalence

In developing countries, 1 in 3 girls is married by 18, & 1 in 9 by 15.

Source: UNICEF, 2014

The highest rates of child marriage are found in South Asia and Sub-Saharan Africa

<table>
<thead>
<tr>
<th>Region</th>
<th>Married before age 15</th>
<th>Married after age 15 but before age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Asia</td>
<td>56%</td>
<td>2%</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>46%</td>
<td>3%</td>
</tr>
<tr>
<td>Eastern and Southern Africa</td>
<td>38%</td>
<td>2%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>30%</td>
<td>1%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>24%</td>
<td>1%</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>21%</td>
<td>1%</td>
</tr>
<tr>
<td>CEE/CIS</td>
<td>14%</td>
<td>1%</td>
</tr>
<tr>
<td>Least developed countries</td>
<td>29%</td>
<td>1%</td>
</tr>
<tr>
<td>World</td>
<td>29%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Globally the practice of child marriage is declining, especially in girls under 15. But progress is uneven & slow.

Source: UNICEF, 2014
Behaviours

Contraception

United Republic of Tanzania: Adolescent contraception (WHO fact sheet based on DHS 2010)

Main reasons for non use:
- Infrequent sex, not married, fear of side effects

Main sources:
- Shops, friends

Main reasons for non use:
- Currently breastfeeding, not having sex, fear of side effects

Main sources:
- Government facilities, shops
Determinants – 1/2

Pathways

UAP: time spent on work and care (older cohort only)

- Caring for others
- Domestic work
- Unpaid work
- Paid work

- Boys
  - 12 years
  - 15 years
  - 19 years

- Girls
Determinants – 2/2

Pathways

7. Poverty, risk and responsibility in early adolescence shape later trajectories

Predictors of secondary school completion:
- No paid work at 12 years
- Fewer hours of domestic chores (girls)
- Better reading scores at age 8
- Higher self-efficacy at age 12

Predictors of early marriage & teenage pregnancy
- Not enrolled at 15 years
- Lower parental & child aspirations for education
- Parental expectation that daughter would marry before 19 years
- Lower wealth & caregiver aspiration
- Earlier age at menarche
- Having an older brother

Shocks intensify pressures but unevenly. Adult illness, death of caregiver and dowry debt have long term consequences for adolescents in the household.
Interventions – 1/2

The Gender Roles, Equality & Transformation Project
Interventions – 2/2
The Gender Roles, Equality & Transformation Project

- Aired on 5 stations twice a week for 52 weeks
- 3 community groups/school clubs per village
- 1/3 of Village Health Teams per district

Believe Men and Women Equal (Older Adolescents)

- Not exposed to great: 37%
- Exposed to great: 48%

Using Family Planning (Newly Married/Parenting Couples)

- Not exposed to great: 33%
- Exposed to great: 43%

React Violently to Partner (Newly Married/Newly Parenting)

- Not exposed to great: 21%
- Exposed to great: 5%
We have evidence gaps that we need to fill. At the same time, we have enough evidence to do more than we are currently.
We need to act with what we know, understanding that there are gaps *i.e. Sexual abuse of children & adolescents*

- Child & adolescent sexual abuse is a major global problem
  - 20% girls, 8% boys (2011)
- Contributes to short- and long-term health consequences
- Those who experience it often do not get the care & support they need
Implementation considerations

▪ Facilitating timely uptake of services
▪ Creating a supportive & enabling service-delivery environment
▪ Providing child & adolescent centred care

Research implications for each area

▪ Prevalence of child & adolescent sexual abuse, including risk & protective factors & help-seeking behaviours
▪ Information about long-term impacts, including health service needs
▪ Different needs for services/care, barriers faced & impacts of interventions on girls/boys, across different age groups and among those facing discrimination
Evidence to action:

1. How well is available evidence being applied in ASRH policies & programmes?
2. What are challenges & opportunities in translating evidence to action?
Comprehensive Sexuality Education Evidence

Evidence on
(i) Effectiveness
(ii) Cost effectiveness
(iii) Scaling up & sustaining
Comprehensive Sexuality Education –
Policy/programme support tools

Tools for
(i) Advocacy
(ii) Programme design & management
(iii) Measurement
Comprehensive Sexuality Education
Weak implementation

- **Weak content:**
  Inadequate information about contraception
  Key aspects of sex, reproduction & sexual health were missing

- **Weak delivery:**
  Some teachers lacked the needed skills
  Most did not want to deal with sensitive matters

Sources:
Comprehensive Sexuality Education
Paralyzed by backlash

BY MAMDOUH WAHBA
AND FARZANEH
ROUDI-FAHIMI

THE NEED FOR REPRODUCTIVE
HEALTH EDUCATION IN SCHOOLS
IN EGYPT

Two Steps Forward, One Step Back
SRH education in schools in Egypt has experienced both progress and setbacks. In 2010, the press reported that the Minister of Education ordered the removal of the contents related to male and female genital systems and sexually transmitted diseases from the school curriculum in the science books for grade 9. The order was not adopted, either because it was never actually given or because the minister retracted it. The only real change has been the inclusion of reproductive systems in the science books of grade 8 instead of grade 9, which child health advocates saw as a move in the right direction. However, in 2011, following the revolution and the subsequent political instability, the newly appointed minister ordered the removal of the same topics, along with family planning methods, from the 12th grade curriculum for the sake of shortening its contents.
Why have so few countries moved from sound policies and strategies to large scale and sustained programmes on ASRH?

“In spite of the commitments made by States Parties contained in plans, policies, programmes and declarations...negative social, cultural, economic and legal factors continue to threaten the lives and health of a large number of women and girls... The effective realization of these commitments is, however, dependent on...:

- Political will
- Enhanced capacity
- Sustainable resourcing
- Effective monitoring and evaluation


Programme reviews

This situation analysis presents findings from a comprehensive review and analysis of ASRH programming in Bangladesh for last ten years (2005-2015).
Evaluations

Original article
An Analysis of Adolescent Content in South Africa's Contraception Policy Using a Human Rights Framework
Andrea J. Hoopes, M.D., M.P.H., a, Venkatraman Chandra-Mouli, M.B.B.S., M.Sc., b,c, Petrus Steyn, M.D., M.Phil., D.F.F.P., b, Tlangelani Shilubane, M.Sw., a, and Melanie Pleaner, M.Ed., d

a Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colorado
b Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland
c United Nations Population Fund, Pretoria, South Africa
d Wits RPH, University of Witswatersrand, Johannesburg, South Africa

Assessing youth-friendly-health-services and supporting planning in the Republic of Moldova
Susanne Carai, Stela Bivol and Venkatraman Chandra-Mouli

Lessons learnt from the CERCA Project, a multicomponent intervention to promote adolescent sexual and reproductive health in three Latin America countries: a qualitative post-hoc evaluation
Olena Ivanova, Kathya Cordova Pozo, Zoyla Esmeralda Segura, Bernardo Vega, Venkatraman Chandra-Mouli, Michelle J. Hindin, Marleen Temmerman, Peter Decat, Sara De Meyer, Kristien Michielsen
Implementation research 1/2
i.e. building the capacity & motivation of teachers

“.research on adaptation, going to scale, & sustainability of efficacious prevention programmes needs to be done. Adaptation research will help ensure that evidence based-prevention interventions can be tailored to other contexts. “


Implementation research 2/2

i.e. reintegrating pregnant girls/young mothers in school

- “I have had 15 pregnant girls in my school in one term.”
- “We have been asked if our schools are maternity wards or pregnancy centres.”

1. Placed CSE scale-up on the national agenda
2. Planned for scale-up from the start
3. Managed scale-up effectively and efficiently
4. Built support while anticipating and addressing opposition
5. Safeguarded sustainability
Strengthening data for decision making

- Rates and outcomes of adolescent pregnancies
- Adolescent sexuality & its context
- Contraceptive use & its determinants
- Policies and programme performance
"The updated Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."

- Ban Ki-Moon, Secretary General, United Nations