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Adolescent Sexual & Reproductive Health & Rights

Progress in the 25 years since the International Conference on Population & Development & prospects for the next 25 years

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Review article

A Package of Sexual and Reproductive Health and Rights Interventions—What Does It Mean for Adolescents?



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A package of ASRHR interventions

Comprehensive
sexuality education

Contraceptive
counselling & provision

Antenatal, childbirth, &
postnatal care
including emergency
obstetric & newborn
care

Safe abortion services
& treatment of
complications of unsafe
abortion

Prevention of HIV &
other STIs

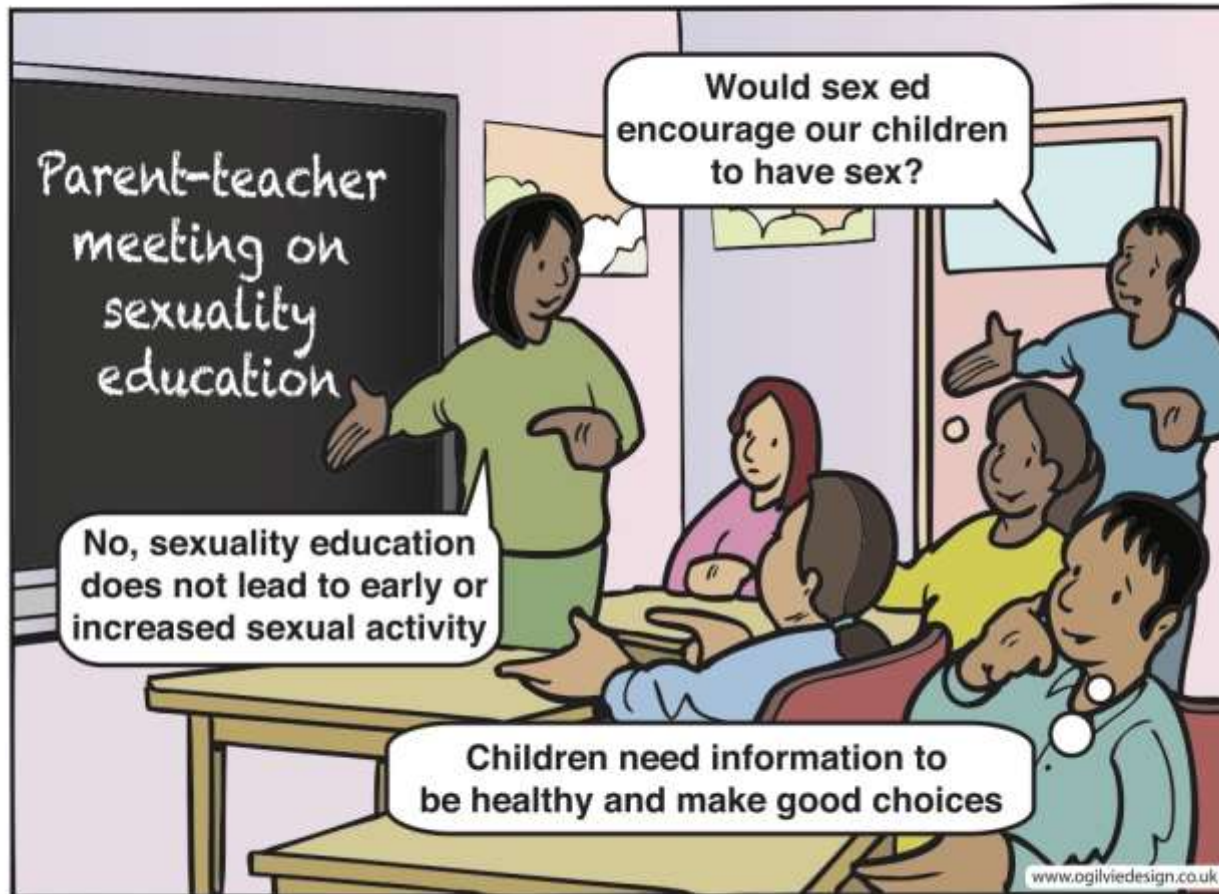
Prevention, detection,
& immediate services
& referrals for cases of
sexual & gender-based
violence

Prevention, detection,
& management of
reproductive cancers,
especially cervical
cancer

Information,
counseling, & services
for subfertility &
infertility

Information,
counseling, & services
for sexual health &
wellbeing

Comprehensive Sexuality Education



Adolescents receive very little information from their parents & care givers

1

- ❑ Given this, schools have a crucial role to play in CSE.
- ❑ Alongside supporting school-based CSE, programmes must work to build understanding of the need for CSE, and support its provision.

In many countries, a significant proportion of older children and adolescents are not in school.

2

- ❑ CSE must **also** be provided outside the school setting.
- ❑ Concerted efforts must be made to reach marginalized groups of adolescents.

Many adolescents become sexually active during adolescence.

3

- ❑ CSE must start early and evolve with the evolving needs and capacities of adolescents.

Adolescence is a time of continued and accelerated gender socialization.

4

- ❑ CSE programmes should work to build equitable gender norms.

In most places, the content and delivery of CSE is weak.

5

- ❑ Programmes must work to ensure that the content of CSE is comprehensive, accurate and developmentally appropriate.
- ❑ Programmes must build the capacities and comfort of educators to deliver CSE effectively and hold them accountable for doing so.

Contraceptive counselling & provision



Inadequate knowledge and skills, as well as misconceptions (e.g. that contraceptive use is contraindicated in adolescents), of health workers deters contraceptive provision.

Further, in many places, health workers believe it is wrong for adolescents to be sexually active before marriage. These attitudes translate into judgemental and disrespectful behaviour.



- ❑ Health workers should be knowledgeable about all methods of contraception, including emergency contraception, and about the advantages and disadvantages of each.
- ❑ They must have the skills to counsel adolescents.
- ❑ They must be trained, supported and held accountable for providing quality and respectful care.

Many adolescents have knowledge gaps and misconceptions on contraception.

Because of stigma and social pressure, they are often reluctant to obtain contraceptive information and services.



- ❑ As part of CSE, adolescents must be educated about contraception and about where they can obtain contraceptives when needed.
- ❑ Alongside this, the support of community members for the provision of contraceptive information and services to adolescents must be built.

Identity formation and future thinking are two key developmental features of adolescence.

3

- Health workers should meet adolescents where they are in their lives and offer contraception as a means of achieving their life goals, using approaches such as motivational interviewing and aspirational counselling.

When adolescents use contraceptives, they are more likely to use them for shorter periods than adults. They are also more likely than adults to discontinue use. One reason for this is that they are particularly sensitive to side effects.

4

- Health workers should provide support to adolescents using contraceptives to promote consistent and continued use. They should also actively manage side effects.

Adolescent girls are at higher risk of rapid repeat pregnancies than adult women. One reason for this is misconceptions and lack of awareness about return to fertility.

5

- ❑ Contraceptive counselling and provision should be an integral part of antenatal, postpartum and post abortion care, with timely and functional referral mechanisms when needed.

Antenatal, childbirth & postnatal care, including emergency obstetric & newborn care



Many – but not all – adolescent girls seek antenatal care later and make fewer visits during pregnancy than adult women.

1

- ❑ Pregnant adolescents should be reached out to and encouraged to seek antenatal care, and advised where, when and how to do so.

In many contexts, social and economic barriers prevent pregnant adolescents from seeking maternal health services.

2

- ❑ Family and community members should be encouraged to support adolescents in obtaining maternal health services.

In many – but not all – places, pregnant adolescent girls receive fewer components of care than adult women.

3

- ❑ Health care providers should be knowledgeable about maternal health care and have the skills to provide these services.
- ❑ They must be trained, supported and held accountable for providing quality and respectful care.

Laws and policies in many places require girls who are pregnant to be expelled/suspended from school and restrict them from returning to school after pregnancy. Even where there are enabling laws, they are often not applied in a way that empowers pregnant adolescents and adolescent mothers.

4

- ❑ Laws and policies should enable pregnant adolescents and adolescent mothers to continue their education and to return to school.
- ❑ They should be applied in a way that empowers pregnant adolescents and adolescent mothers.

Perinatal depression occurs at higher levels in parenting adolescents than in adults.

5

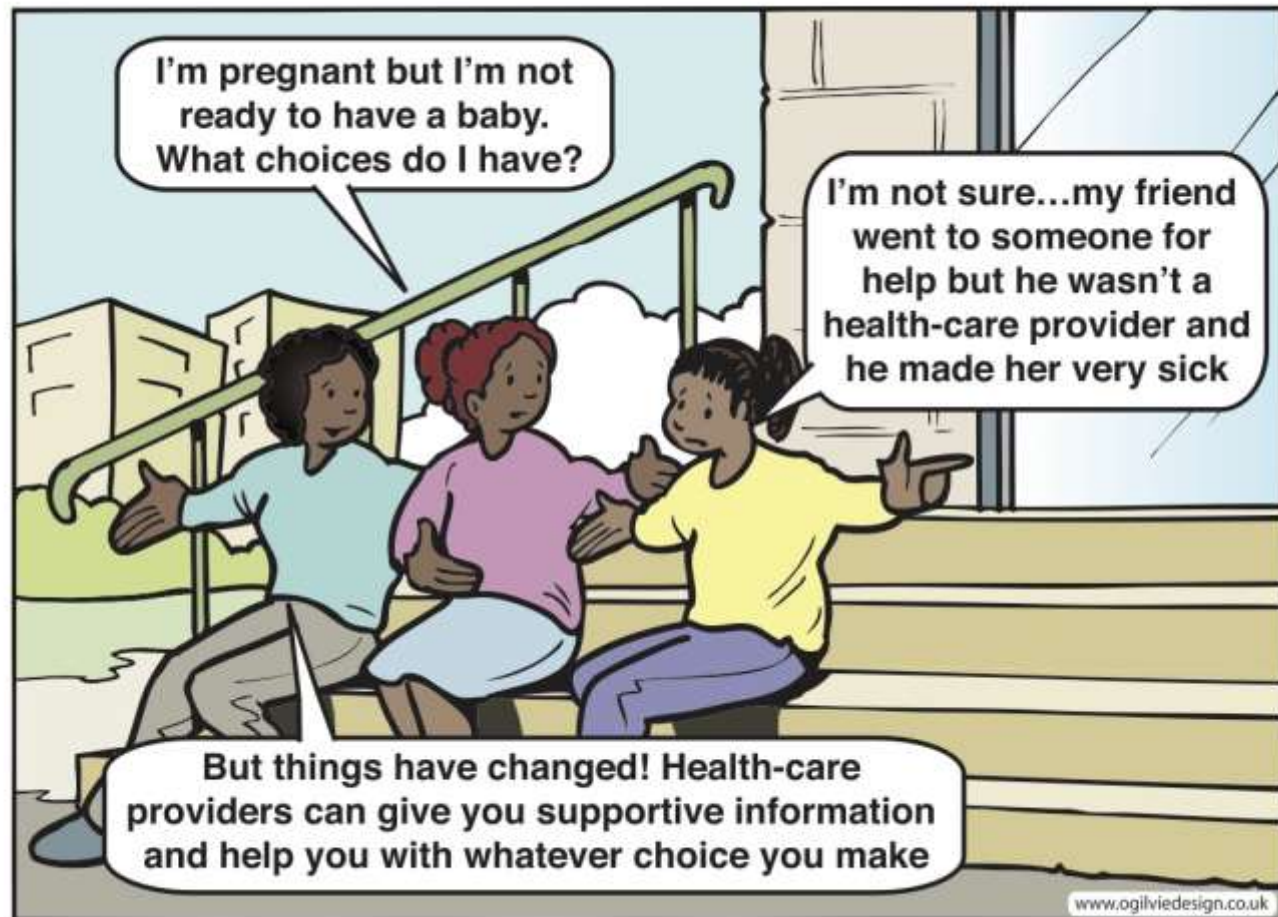
- ❑ Maternal health services should be linked to mental health services and psychological support.
- ❑ Pregnant adolescents and adolescent mothers should be actively reached out to with these services.

Pregnant adolescents living with HIV have lower uptake of PMTCT services than adult women, and their infants have poorer HIV-related outcomes.

6

- ❑ Pregnant adolescents with HIV should be actively targeted with PMTCT services.

Safe abortion services & treatment of complications of unsafe abortion

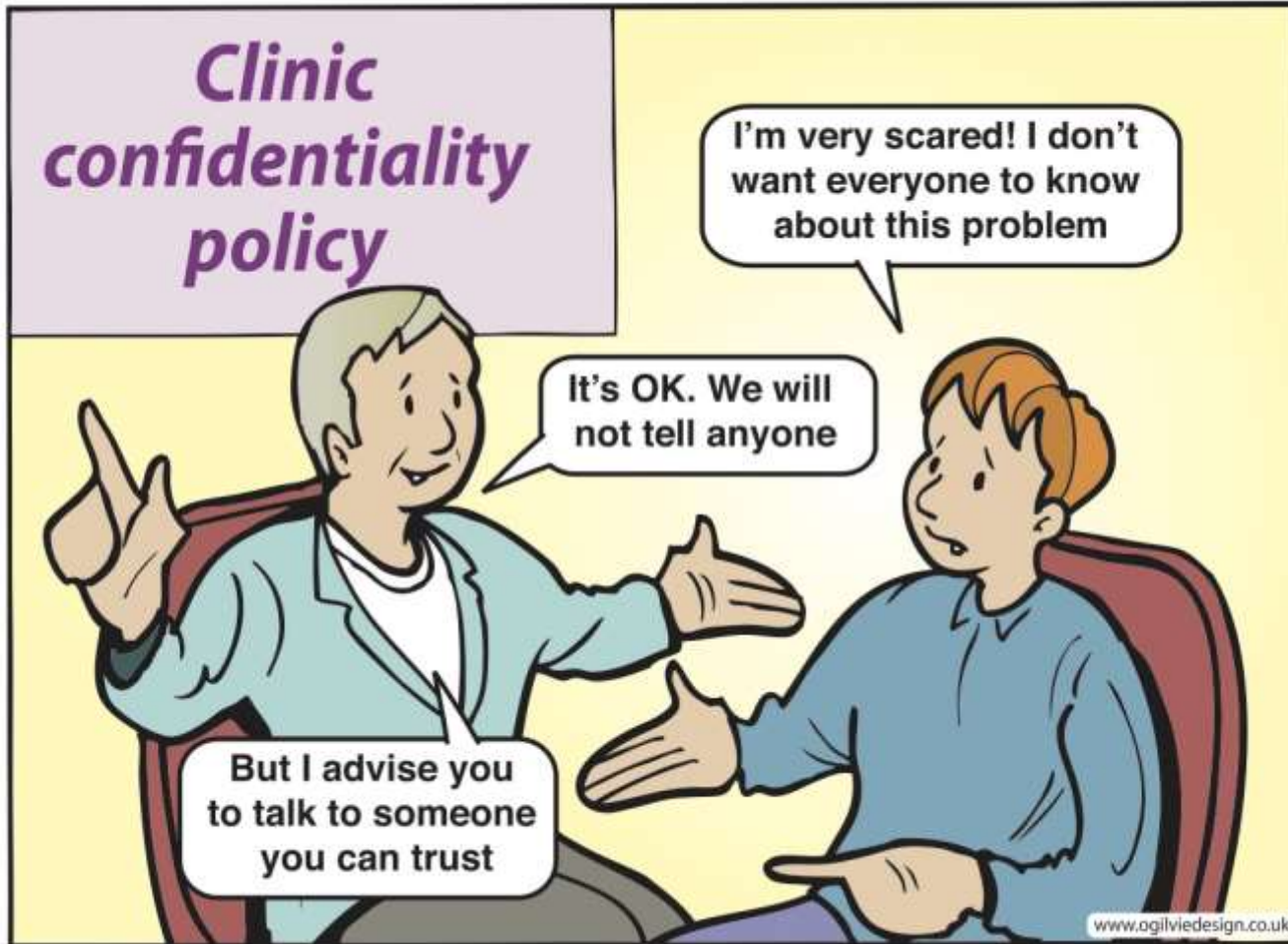


Adolescents know less about their rights to abortion and post-abortion care than adult women, and about where and how to obtain them. They are more likely than adult women to seek abortion from untrained providers & later in pregnancy.

1

- ❑ Adolescents should be informed about their rights to abortion/post-abortion care, and about where and how to obtain them.
- ❑ National normative documents should specify the eligibility of adolescents to abortion care, in line with the law.
- ❑ Health workers should be aware of the eligibility of adolescents to abortion services, and have the knowledge and skills to provide different methods of abortion.
- ❑ They must be trained, supported and held accountable for providing quality care with respect, and assuring confidentiality.

Prevention of HIV & other STIs



Adolescents have low rates of STI care and HIV testing, and low use of and adherence to anti-retroviral therapy and care.

1

- ❑ STI care should be provided without notification to the authorities and without requiring parental/spousal consent.
- ❑ In generalized epidemics, provider-initiated HIV testing should be offered to adolescents seeking health services.
- ❑ Adolescents with HIV should be targeted with anti-retroviral therapy.
- ❑ Health services should be linked with peer- and community-based groups for ARV adherence support.
- ❑ Health workers should be knowledgeable about HIV testing and care and have the skills to provide these services. They must be trained, supported and held accountable for providing quality care with respect, and assuring confidentiality.

Adolescents living with HIV acquired perinatally may not be aware of their status.

2

- ❑ Adolescents from the age of 12 should be informed of their HIV status, and supported in disclosing their status to others if they want to, while maintaining confidentiality .

Young key populations (i.e. young people who inject drugs, young men who have sex with men, transgender persons, sex workers, prisoners and migrants) experience stigma and discrimination even greater than adult key populations. They are sometimes subjected to criminal proceedings.

3

- ❑ In low and concentrated epidemics, HIV testing should be available widely, and especially in communities to enable young key populations to access testing and learn their HIV status easily.

Prevention, detection, and immediate services and referrals for cases of sexual and gender-based violence



Many adolescent girls experience intimate partner violence (IPV), which can begin early in their lives.

IPV can increase girls' risks of unintended pregnancies and unsafe abortions. In some settings, it can also increase their risk of acquiring HIV and other STIs.

1

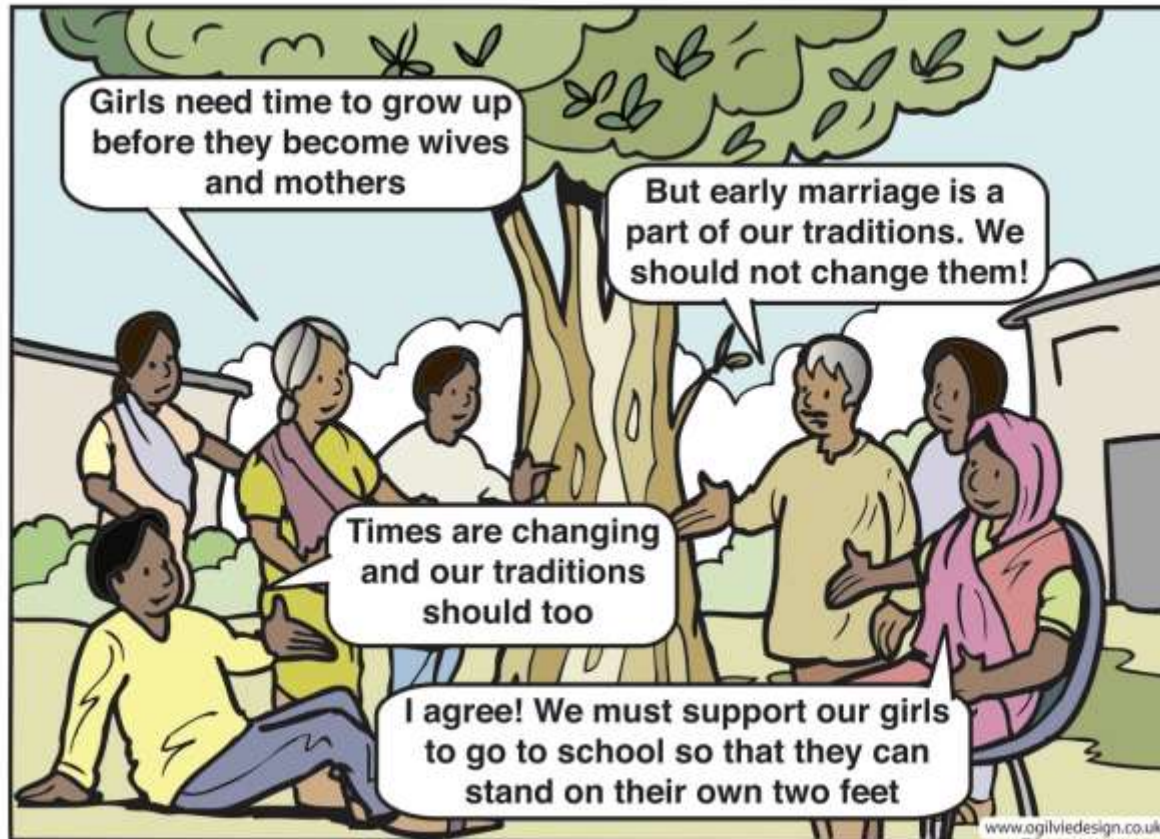
- Clinical care for adolescents who have experienced IPV should include emergency contraception, HIV post-exposure prophylaxis, and STI testing and treatment
- Girls who have experienced violence should be supported in accessing criminal justice, legal and social services.

Child and adolescent sexual abuse and IPV are associated with an increased risk of depression, post-traumatic stress disorder, and suicidal ideation and attempts.



- ❑ Cognitive behavioural therapy with a trauma focus should be offered to children and adolescents who have been sexually abuse and who are experiencing mental health problems.

Preventing child marriage (included in under gender-based violence)



Girls are in formal or informal union in many countries.

1

- ❑ Laws and policies should prohibit marriage before 18 years.
- ❑ Educational and employment opportunities should be expanded for girls and young women.
- ❑ School-based and community-based activities should be undertaken to inform girls of the laws and policies against child marriage and empower them to delay marriage.
- ❑ These activities should be combined with interventions to influence family and community norms that support child marriage.

Preventing & responding to Female Genital Mutilation



Female Genital Mutilation is often performed in older children and young adolescents.

1

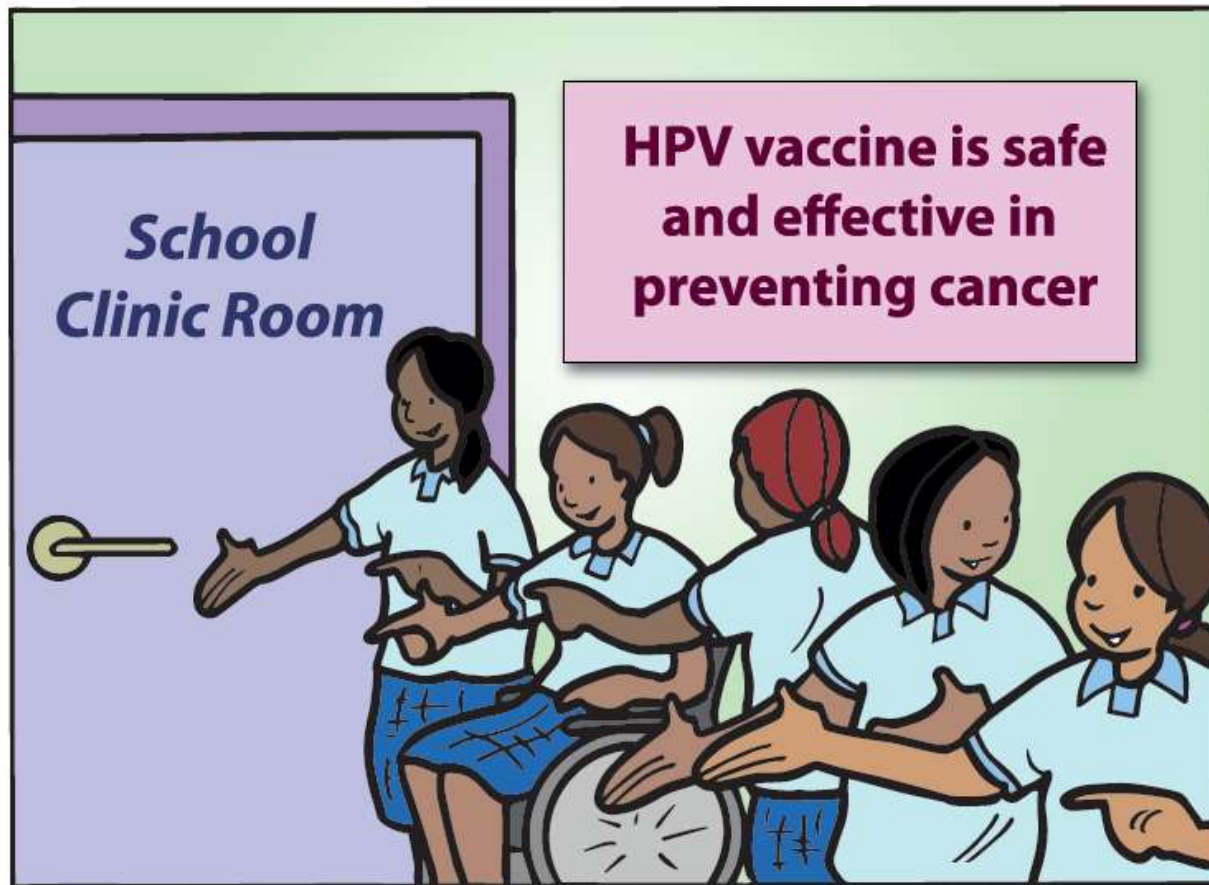
- ❑ Promote abandonment of FGM through a combination of individual empowerment, community mobilization and law enforcement.

Girls and women living with FGM experience lasting ill effects.

2

- ❑ Cognitive behavioural therapy should be offered to girls and women living with FGM who experience anxiety disorders, depression or post-traumatic stress disorder.
- ❑ De-infibulation can be used to prevent/treat urological complications, specifically urinary retention and recurrent urinary track infections in those living with type III FGM.

Prevention, detection, & management of reproductive cancers, especially cervical cancer



Legal and policy barriers, as well as knowledge gaps and misconceptions hinder the provision and uptake of the HPV vaccine.

1

- ❑ Legal and policy barriers to HPV vaccine provision to all adolescent girls should be removed.
- ❑ Awareness and understanding about the HPV vaccine should be raised among adolescent girls & among their families & communities.
- ❑ Girls should not be asked whether they have initiated sexual activity before/when the vaccine is administered.

HPV vaccination programmes do not always make use of the full range of available approaches.

2

- ❑ The roll-out of the HPV vaccine should use a combination of approaches, including school-based, community-based and health-facility-based approaches.

Information, counselling & services for sub-fertility & infertility



Adolescence is an important period for developing lifelong healthy lifestyles, which can prevent common causes of sub-fertility/infertility in adulthood.

1

- There should be investment and attention to general health promotion for adolescents, including on healthy eating, exercise, safe sex, and avoiding smoking.

Adolescents who have experienced an unsafe abortion, complicated child birth or an STI may develop sub-fertility/infertility.

2

- Adolescents should be educated that these conditions could lead to sub-fertility and infertility.

Adolescents undergoing childhood medical treatments (e.g. oncologic therapy) and conditions (e.g. genetic syndromes) that negatively influence may have concerns about their future ability to conceive.

Health workers serving adolescents who have illnesses or conditions that threaten their fertility are often not comfortable discussing fertility preservation with them.

3

- ❑ The need for information, counselling & services on infertility resulting from these conditions/treatments should be included in guidelines, training tools and desk reference tools.
- ❑ Health workers should be trained, supported and held accountable for discussing fertility implications and options with their adolescent patients.

Information, counselling & services for sexual health & wellbeing



Adolescence is a time when biological changes related to sexual and reproductive maturity occur. It is also a time when thoughts, feelings, concerns and anxieties occur, and sexual activity is initiated.

1

- ❑ Provide comprehensive sexuality education
- ❑ Provide counselling to adolescents about safe, pleasurable and consensual sex
- ❑ Ensure linkages to mental health services

LGBTI and gender non-conforming adolescents often have concerns about being different, and face harassment and violence. They can experience mental health problems.

2

- ❑ Provide effective and sensitive medical and psychological care.
- ❑ Provide gender-affirming therapies to trans-gender persons opting for hormonal therapy.

“Ensuring that this package is available, accessible & acceptable to adolescents requires an approach that **looks at adolescents as biologically & socially distinct** from other age groups & **acknowledges that they face some barriers in obtaining SRHR services.**”

“Successful implementation will rely on an **enabling legal and policy environment** and on a **service delivery model that considers the determinants of adolescent SRHR** and ensures integrated services, free or at very low cost, provided through a variety of platforms, respectful of the rights and evolving capacities of adolescents.”