Training course in adolescent sexual and reproductive health 2020

Lessons learned and experiences gained in improving the SRH of adolescents in the 25 years since the ICPD

Danièle Schwarz

Independent Consultant Gynaecology/Obstetrics, Switzerland

da.schwarz@hin.ch

Question 1

Name two changes in the demographic situation of adolescents in the 25 years since the International Conference on Population and Development.

Since 1994, when the International Conference on Population and Development formulated the call for action on adolescent sexual and reproductive health, several demographic changes evolved. Overall the number of adolescents rose from 1.1 Billion to 1.261 Billion. However, there are notable differences between regions. In Sub-Saharan Africa the age group from 10-19 nearly doubled to 247 Millions in 2019 whereas in other parts of the world the adolescent population decreased on average by 12%. Secondly, sex disparities are evident and globally the proportion of male adolescents grew by 16.3% compared to females by 13.7%. On the other hand, in regions where a decline in this population group is noted, especially Eastern and South-Eastern Asia, the number of girls declined more (14.6) compared to boys (9.6%). The other changes seem to be less variable throughout the world, namely the increase of life expectancy, the tendency for smaller households with fewer children under 15 years but more persons over the age of 60 years and a shift from rural to urban living conditions.

Question 2

Name two changes in the social context of adolescents in the 25 years since the International Conference on Population and Development.

The social context in which adolescents grow up today significantly varies from 25 years ago. Modern communication tools together with increasingly available infrastructure allow young people to connect to a wide variety of opportunities, share information and also learn about different living realities throughout the world. However, these possibilities are unequally distributed and people living more rurally, in poverty or with poor education are less likely to have access to these tools. Disparities are substantially between regions as the example of connectivity between Europe and North America (78% reported use of internet) and Sub-Saharan-Africa (20%) shows. Additionally, education levels rose in nearly all parts of the world with progress also seen in levelling out sex disparities for school enrolment and completion of adolescents but there are still big gaps between countries and regions. Moreover, despite the reduction of overall poverty adolescents and young people are still more likely to be unemployed (3 times more than people >25 years) or working poor, therefore remaining a vulnerable group in many aspects.

Question 3

Name two health issues in which there has been improvement in the sexual and reproductive health of adolescents in the 25 years since the ICPD, and 2 areas in which there has been little / no progress.

Global positive Developments for ASRH

- Girls and boys are later sexually active, have less extramarital sex and are more likely to use condoms.
- Girls are less likely to be married and less likely to have children before the age of 18.
- Girls are more likely to use modern contraception and to obtain maternal health care while pregnant and they are less likely to support or have experienced FGM.

No progress or worsening of the situation according to the available data

- Girls still experience physical or sexual violence as they did 25 years ago and rates my even be rising.
- STI rates among adolescents did increase since 1994 which, seen in absolute numbers, accounts for a substantial rise in affected persons. For HIV/AIDS the number of adolescents living with the disease has increased. However, this does not only reflect new infections but also the fact that treatments can effectively control HIV.
- Valid data on trends to pregnancy related mortality and morbidity specifically for adolescents is lacking and there is a still small but rising number of reproductive organ cancers among adolescents.

Question 4

Name one area of change in the demographic situation or social context in your country that is influencing/could influence adolescent health, explain why, and provide a reference to back up your statement.

Similarly, but not as pronounced as in other regions urbanisation and mobility is moving forward in Switzerland, providing easier access to infrastructures and information (1). Additionally, the modern communication tools together with a functional education system facilitate access to SRH information and there are different bodies and government supported initiatives to foster a comprehensive sexuality education (2, 3). This influenced contraceptive uptake since the nineties also amongst adolescents. A recent report stated that in 1992 only 36% of girls and 49% of boys between 15-19 years were using any kind of contraception whereas this proportion rose to 60% for girls and 69% for boys in 2012. 80% of the male adolescents reported to have used a Condom during the last intercourse in 2012. Overall use of modern contraception was lower, especially for women, in rural areas in 1997 as it was 2012 (4). In addition, the legal frame and the implementation of comprehensive abortion care established since 2001 are facilitating a non-discriminatory treatment also for adolescents (5).

Question 5.1

How much was the decline in the rate of adolescent childbearing in Uruguay in between 2014 and 2019?

50% decline in Adolescent Birth Rate from around 72/1000 births in 2014/15 to today 36/1000 births.

Question 5.2

Name two factors that contributed to the decline.

An enforced legal frame, putting sexual and reproductive health in the context of human rights, with strong leadership of the government body to implement changes, including for adolescents, together with a multisectoral and participatory approach also monitored by an engaging civil society were drivers for this impressive amelioration.

Question 6.1

What are the levels and trends of HIV infection in 15 - 49 years old's in Zimbabwe?

Since the nineties the levels of HIV infections in Zimbabwe have decreased from up to 25% to 13.3% in 2017 for the population in the reproductive phase (15-49 years). For adolescents (15-24y) the most recent available data indicate an even lower prevalence of 4.7% although there is a relevant sex-disparity between girls (6.1%) and boys (3.4%).

Question 6.2

Name two factors that helped the scale up of the Zvandiri programme in the country.

Factors that facilitated to widely implement the Zvandiri program included the strong government commitment and leadership. A participatory approach with aligning and including the components into the national service delivery system in a structured way but also the engagement of the affected population namely adolescents and young adults in order to address their needs appropriately. Not to forget a strong monitoring and evaluation process.

Question 7

These are the five main conclusions of the paper by Chandra-Mouli et al. Please briefly comment on whether each of these points applies to your country.

1. In Switzerland in the last years violence prevention and especially psychological aspects of ASRHR aspects are moving up on the agenda and there have been a lot of efforts to introduce HPV vaccine, which is also included in the vaccination program for boys up to the age of 26 years since 2017 (4,6).
2. Financial investments in Switzerland are foremost coming from internal sources with 11.9% of GDP spent on health care (7). However, private households stem the biggest part of the health expenditure. Moreover, many initiatives addressing ASRHR are dependent on public and private donations. Regarding to ASRHR especially the out of pocket payment for contraceptives can be a barrier to access.
3. There is an established comprehensive system to capture health data of the Swiss population, also disaggregated for age groups. However, there are recent efforts to better identify gaps and health needs of children and adolescents and the aspects of ASRHR could still be emphasised (8).
4. Implementation of programs and policies to improve ASRHR does have a strong support within the society and are backed up by laws and government bodies. However, there are still subjects to be revised, recently for example the law on sexual offence is under discussion in order to facilitate a more rightful conviction of the offender (9).
5. Fortunately the central needs in ASRHR are well supported in Swiss society and adolescents are recognised and accepted as having sexuality on their own. Only a mainly faith based movement ‘Marsch fürs Läbe’ is mobilizing against legal abortion, but does not have a strong support in most parts of society (10).

References

(1) Bundesamt für Statistik. Bevölkerungsdaten im Zeitvergleich, 1950-2019 [Internet]. Bundesamt für Statistik; [cited 2020 Oct 14]. Available from: www.bfs.admin.ch

(2) Sexuelle Gesundheit Schweiz. Vision und Mission von Sexuelle Gesundheit Schweiz [Internet]. Sexuelle Gesundheit Schweiz; [cited 2020 Oct 14]. Available from: www.sexuelle-gesundheit.ch

(3) Bodmer N et al. Jugendsexualität im Wandel der Zeit. Bericht der Eidgenössischen Komission für Kinder und Jugendfragen; 2009 [cited 2020 Oct 14]. Available from: www.ekkj.admin.ch
(4) Spaeth A et al. Schweizerischer Verhütungsbericht 2017: Schweizerisches Gesundheitsobservatorium OBSAN, Dossier 59. OBSAN; [cited 2020 Oct 14]. Available from: www.obsan.admin.ch
(5) Schweizerisches Strafgesetzbuch (Schwangerschaftsabbruch). Art 119, Revision March 23 200. Schweizerisches Strafgesetzbuch; [cited 2020 Oct 14]. Available from: www.admin.ch/opc/de/official-compilation/2002/2989.pdf
(6) Allianz für Sexualaufklärung. Factsheet No 5/5 – Sexualaufklärung und Förderung der Psychischen Gesundheit. Allianz für Sexualaufklärung; [cited 2020 Oct 14]. Available from: www.alliance-educationsexuelle.ch/web.php/1/de/home/aktuelles?, ;
(7) Bundesamt für Statistik. Gesundheit: Panorama [Internet]. Bundesamt für Statistik; [cited 2020 Oct 14]. Available from: www.bfs.admin.ch
(8) Dratva J, Spaeth A. Erarbeitung Erhebungsmethoden für Datenlücken der Kinder- und Jugengesundheit in der Schweiz. Basel: Swiss TPHI; 2017 [cited 2020 Oct 14]. Available from: www.swisstph.ch/fileadmin/user_upload/SwissTPH/Topics/Non-communicable_disease/Schlussbericht-2017.pdf.
(9) Die Bundesversammlung — Das Schweizer Parliament. Revisionsbedarf im Sexualstrafgesetz soll vertieft geprüft werden, Press release January 2020 [Internet]. Das Schweizer Parliament; [cited 2020 Oct 14]. Available from: www.parlament.ch/press-releases/Pages/mm-rk-s-2020-01-17.aspx.
(10) Marsch fürs Läbe. Trägerschaft [Internet]. Marsch fürs Läbe; [cited 2020 Oct 14]. Available from: www.marschfuerslaebe.ch/verein-traegerschaft/traegerschaft