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

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Question 1

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

There are a number of changes in the demographic situation of adolescents in the 25 years since the ICPD, these include: 1) there are an additional 163 million adolescents, with Sub-Saharan Africa having experienced the largest population growth, 2) there is disparities by sex in the number of adolescents today with more boys than girls, reflecting the phenomena of sex selection in some regions, 3) there is an overall reduction in the total fertility rate and adolescents today are living in smaller households, 4) adolescents today live in a world that has become increasingly both urban and mobile.

Question 2

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

There are a number of changes in the social context of adolescents in the 25 years since the ICPD, these include: 1) there has been a decline in global poverty, and in turn a decline in the global share of young employed persons living below the poverty line 2) there has been a significant increase in global enrolment of education at all levels with the gross enrolment ratio (GER) in secondary school increasing from 56.1% to 76.4% and in tertiary schools increasing from 15.0% to 37%, 3) adolescents today have access to new digital means of communication, knowledge sharing, and social media; this is shrinking the world for young people, and information about new models and norms from other countries are changing the aspirations of young people everywhere.

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.

Two health issues in which there has been improvement in the sexual and reproductive health of adolescents in the 25 years since the ICPD are 1) the decline in Female genital mutilation (FGM) prevalence among girls aged 15–19, as well as the decline in the support for the practice by adolescent girls and women as it carries lifetime consequences for obstetric risk, psychological trauma, and sexual experience, 2) adolescents are more likely to initiate sexual activity later than they did in the past and with girls being less likely to be married and to have children before 18, and more likely to use contraception as well as to obtain maternal health care.

Two areas in which there has been little / no progress are 1) the increase in global prevalence of all STIs, with the exception of chlamydia, among adolescents with higher prevalence among females than males, 2) the prevalence of adolescent girls aged 15–19 years who experienced physical and/or sexual violence by a current or former intimate partner in the preceding 12 months has been constant or even increasing since the publication of the ICPD.

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.

In my country, Ethiopia, there has been considerable efforts to stop child marriage through various initiatives taken by the government, different NGOs, UN agencies and other civil societies which has made some progress. Between 2005 and 2015, the prevalence of child marriage in Ethiopia has declined from about 60% to about 40%. This decline will have many benefits to young girls and women's health as it will reduce the risks associated with child marriages including sexually transmitted diseases, cervical cancer, malaria, death during childbirth, and obstetric fistulas. In addition it will improve girls' opportunities in obtaining an education, enjoying optimal health, bonding with others their own age, maturing, and ultimately choosing their own life partners. (1) (2)

Question 5.1

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

Uruguay has seen a substantial decline in adolescent fertility. The Adolescent Birth Rate (ABR) was 72 births per 1,000 adolescents in 1996 and remained largely unchanged until 2014–2015, and in 2019 the rate reduced to 36 per 1,000.

Question 5.2

Name two factors that contributed to the decline.

Factors that have contributed to dramatic declines in the rate of adolescent childbearing are progressive laws and policies, strong government-led multisectoral responses, and active civil society monitoring.

Question 6.1

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

The estimated HIV prevalence in 15 - 49 years olds in Zimbabwe was 13.3% in in 2017, down from a peak of over 25% in the late 1990s. The most recent data indicate a prevalence among those aged 15–24 years of 4.7%, with prevalence among females (6.1%) almost twice as high as among males (3.4%). Since 2010, there have been estimated decreases of 44% in AIDS-related deaths in all populations.

Question 6.2

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

Factors that have helped in scaling up the Zvandiri program include strong government leadership, standardization and integration of the program into national service delivery,

meaningful engagement of adolescents and young people at all levels of the program, and use of program data and research evidence to inform adaptation of the model and costing.

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. **Some aspects of ASRHR are higher on health and development agendas than ever before.**

   This particularly applies to my country, Ethiopia. One evidence of this is in 2019, the President of Ethiopia, H.E. Sahle-Work Zewde, launched a 5-year national plan end child marriage and FGM.

2. **There is a steadily growing financial investment in ASRHR, although much of the funding is from external sources and remains inadequate & fragmented.**

   This also applies to my country, Ethiopia. There has been considerable funding from many different external sources including UNICEF to end child marriages, and The Global Fun to prevent the prevalence and spreads of HIV.

3. **While there are still many gaps to be filled, there is a growing body of data and evidence on ASRH. This has fed into norms and standards to guide policies and programmes.**

   This conclusion also applies to my country, Ethiopia. The focus given to ASRH has greatly improved in the past years and in turn, the data and evidence available on it has increased. This has led policy and decision makers to implement and initiate policies and programs on ASRH like ending FGM and child marriage by 2025.

4. **Although implementation of ASRHR policies and programmes in many countries remains weak, a small but growing number of countries have created and implemented enabling legal and policy environments, and strong government-led programmes.**

   My country, Ethiopia, has created and implemented enabling legal and policy environments, and strong government-led programmes to ensure ASRHR including outlawing marriage below age 18 years under the Revised Family Code in 2000, policies to end child marriage and FGM under the leadership of the Ministry of Women, Children and Youth by 2025, in addition to other policies and programs that builds on the country's constitution and legal framework to promote and protect girls' and women's rights. Thus, the above statement also applies to my country, Ethiopia.

5. **Although there is growing support for addressing some aspects of ASRH, there is ambivalence about other aspects, and there is increasingly well-financed & organized resistance.**

   This statement also applies to Ethiopia. As discussed above, there has been considerable support in Ethiopia to end child marriage and FGM but there has also been opposition to

things like family planning and safe abortions. The opposition often comes from groups with religious affiliations which are usually well organized and in some cases well-funded.

References

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(2) UNICEF. UNFPA-UNICEF global programme to accelerate action to end child marriage [Internet]. UNICEF; 2020 [cited 2020 Oct 16]. Available from: https://www.unicef.org/protection/unfpa-unicef-global-programme-accelerate-action-end-child-marriage