

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.**

1. Globally, the population of adolescents which was 1 billion in 1994 had an increase of additional 163 million in 2019. Sub-Saharan Africa had the greatest increase as the population of adolescents 10-19 years rose from 127 million in 1994 to 247 million in 2019<sup>1</sup>.
2. There has been a sex disparity in the global increase in adolescent population in favour of boys/young men. Between 1994 and 2019 there was an increase of 16.3% in number of boys/young men compared to 13.7% increase in the number of girls/ young women<sup>1</sup>.

### **Question 2**

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

1. Adolescents, compared to other age groups, are increasingly making use of digital connection to the social media, which is greatly influencing their social lives, access to educational opportunities and employment<sup>2</sup>. Some negative trends like cyber bullying and unconventional perceptions about sexuality occur<sup>3</sup>. Inequality occurs in adolescents' access to digital connection across regions with greater access in North America and Europe and the least in Sub-Saharan Africa and Southern Asia<sup>4</sup>
2. Enrollment in schools among adolescents increased globally since 1994 with gross enrollment ratio (GER) rising from 56.1% in 1994 to 76.4 in 2016, although increase in GER was lower in tertiary schools reflecting 15.0% in 1994 and 37% in 2016. Progress was also observed in adolescent completion of schools at all levels in the same period, but some disparity occurred according to sex, geographic locations and economic status.<sup>5</sup>

### **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.**

Improvement in adolescent SRH:

1. In many countries of the world, since 1994, there is a tendency for adolescent boys and girls to delay the initiation of sexual activity except in Latin America. The delay in sexual initiation is attributed to fact that adolescents started spending more years in school, increase in age at marriage and the tendency for them to use contraception<sup>6</sup>.
2. There is an increased tendency for girls to delay marriage or have children before 18 years of age since 1994 especially in Northern Africa, Western Asia and Southern Asia<sup>7</sup>.

No progress areas:

1. Maternal mortality among adolescent mothers in SSA which constitutes 20% of maternal death globally, is attributed to pregnancy complications and unsafe abortion<sup>8</sup>. Yet there is paucity of data on levels and trends in abortion among adolescents in developing countries<sup>9</sup>.
2. Between 1994 and 2017, although the impact of HIV has been declining in other regions of the world, in Sub-Saharan Africa, deaths among adolescents has been high<sup>10</sup>.

#### **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 the social context adolescents in my country Nigeria, adolescents are increasingly getting digitally connected and this is having varying effects on their sexual and reproductive health. Traditionally due to cultural and religious norms, there has been a culture of silence on discussion of sexuality by adults with adolescents. For instance premarital sex was regarded as inappropriate and unacceptable<sup>11</sup>. But with the increasing opportunity of adolescents to use smart phones and computers to access internet they are greatly becoming influenced by ideas and information from other cultures they get from social media about sexuality that are permissive, contrary to the prevailing cultural and religious norms<sup>12, 13</sup>.

#### **Question 5.1**

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

Adolescent birth rate in Uruguay declined from 72 births per 1000 adolescents in 2014 - 15 to 36 per 1000 adolescents in 2019.

#### **Question 5.2**

**Name two factors that contributed to the decline.**

The introduction of laws and policies that are progressive as well activism by civil society organizations contributed to the decline.

#### **Question 6.1**

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

In 1990 the prevalence rate of HIV among persons 15-49 years old was over 25% but dropped to 13.3% in 2017.

#### **Question 6.2**

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

There was strong government leadership and effective engagement of adolescents and young people which contributed to the success of the program.

### **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. Point one is applicable to Nigeria in connection with the need for preventing adolescent pregnancy, HIV infection, HIV-related mortality and morbidity. Child marriage has reduced drastically and is an issue more in northern Nigeria. FGM has also reduced with education and awareness but still the occurrence is limited in northern Nigeria and Ebonyi state in South eastern Nigeria. Violence against adolescent girls is rampant and is even aggravated by COVID-19 situation.
2. Funding is limited to finance ASRHR in Nigeria, but external funding especially World Bank funding for sexuality education in secondary schools has been useful.
3. In Nigeria there is still the challenge of addressing the need for contraception by sexually active unmarried adolescents due to persistence of the cultural inhibitions about sexuality by adults.
4. The federal Ministry of Education in Nigeria in 2002 introduced a comprehensive sexuality education programme to be used nationwide in schools. The progress made was acknowledged by UNESCO 2010. However funding still remains a challenge in scaling up the efforts.
5. There is no organized resistance against implementation of ASRH programmes in Nigeria however some ambivalence still exists among stake holders especially on discussion about use of contraception by adolescents.

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