

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. Sub Saharan Africa has experienced rise in population with increase in adolescent population from 127 million in 1994 to 247 million in 2019 where as Eastern and south eastern Asia, Europe and Northern America experienced decline in adolescent population by approximately 12%.
2. The fertility rate in central and southern Asia has fallen from 3.9 births per women in 1994 to 2.4 birth per women in 2019 ultimately making them to grow up in smaller household (Liang M et al, 2019).

Question 2

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

1. More adolescent boys and girls are growing up and living in urban areas now as compared to before and they are more digitally connected.
2. More adolescents are likely to be enrolled in schools and complete higher secondary and collage studies leading to higher opportunities for earning and reduce early marriage and child bearing.

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 two areas of SRH since ICPD:

1. Improvement of sexual education for adolescents has led to decrease in early sexual initiation among adolescents, early marriage and child bearing.
2. The growing supports and sexual education lead to decline in the cases of female genital mutilation across the globe.

Less / no improvement in two areas of SRH since ICPD:

1. The prevalence of intimate partner violence (physical, sexual and psychological) experienced by adolescent girls has been increasing every year.
2. There have been limited evidences to show level of STI, trend on unsafe abortion and related morbidity and mortality resulting from it.

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.

Our country Bhutan has experienced a great change in demographic situation over past two decade regarding adolescent fertility rate (AFR). Adolescent fertility rate has seen steep decline from 120 per 1000 in 1994 to 28 per 1000 adolescents in 2012 (Dorji, 2015).

The decline in AFR is mainly due to improve in family planning and contraception use, better education and mainly due to engagement of maximum numbers of adolescents in schools and collage studies. The decline in AFR also indicates that there is decline in early marriage, early child bearing and related complications which could contribute to maternal and neonatal death. Maternal mortality rate has been reduced from 560 in 1990 to 89 in 2017 (Ministry of health Bhutan, 2019).

Question 5.1

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

Uruguay has experienced decline in the rate of adolescent child bearing from 72 birth per 1000 adolescents to 36 births per 1000 adolescents over the duration of 5 years (2014 to 2019)

Question 5.2

Name two factors that contributed to the decline.

1. Government of Uruguay developed laws, policies and program to recognize sexual and reproductive health (SRH) as human right, ensures universal SRH coverage at primary level and guaranteed quality, confidentiality and privacy of services.
2. The civil society actively participated in monitoring and implementing law, policies and program developed by government.

Question 6.1

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

The prevalence of HIV among 15-49 years old has declined from 25% in 1990 to around 13% in 2017. Among age group 15-24 years, HIV prevalence is 4.7% (female 6.1% and males 3.1%) and AIDS related death in all population decreased by 44% since 2010.

Question 6.2

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

1. Strong leadership role played by government in standardization and integration if such program into national service delivery with huge financial support allocated for the program.
2. Maximum numbers of adolescents and young people have been engaged meaningfully at all level of program for better achievements.

Question 7

These are the five main conclusions of the paper by Chandra-Mouli et al. (2019). Please briefly comment on whether each of these points applies to your country.

1. Since 1/3rd of total population of Bhutan are adolescents and youth (18.7% of adolescents) the growing concerns related to adolescent sexual and reproductive health right has become national public health concerns. This leads to gain in attention of various sectors, stakeholders and NGOs to work in collaboration for the improvement of ASRHR.
2. Bhutan being developing country, maximum portion of funding are from external sources. Over the year, there has been growing financial investment made on ASRHR. The formation of Adolescent Health/ Adolescent Friendly Health Services program itself is a great move. Through this program, many health workers and the person dealing with adolescents are being trained on ASRHR periodically.
3. There are only few researched based data and evidences available but over the years it has been increasing regarding ASRH. There are still some gaps in addressing and intervening ASRH related issues and concerns due to cost and human resources constraint. There has been difficult in delivering quality services and interventions with equity for all adolescents.
4. In order to address the growing needs and concerns related to ASRHs, Adolescent health program have been formed. It works in collaboration with other sectors and organization like National commission for women and children, one stop crisis center and RENEW (respect, educate, nurture, empower women). The free education for all policies adapted by our nation really helped in enrolling and providing higher education leading to decline early marriage and early child bearing.
5. There are growing supports from various organizations and sectors in preventing child marriage/ early marriage and child bearing, supports to reduce partner violence, provision of contraception and many more. On the other hand there are resistances in utilization of contraception by sexually active adolescents. Bhutan being religious country, there is substantial resistance in promoting safe abortion which could otherwise help in reducing maternal death (Pelden, 2011).

References:

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