Training course in adolescent sexual and reproductive health 2020

Priorities to build on the progress made for the next 25 years, with a particular focus on the SDGs

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Question 1.1

What are two factors that deter the provision of contraception by health workers to adolescents?

1. Owing to misunderstanding or lack of knowledge of reproductive trends, particularly the return of reproductive, teenagers are at high risk of sudden repeated pregnancies.
2. Inadequate health workers' awareness, expertise, and judgmental behaviors (including providers who claim that teenagers should not be sexually active or that contraceptives can impede potential fertility) discourage adolescent care use. (Engel et al. 2019)

Question 1.2

What are two actions that could be taken to address these factors?

1. Contraceptive counselling and provision of facilities should be provided as an integral part of teenage antenatal, postpartum and healthy and/or post-abortion treatment, and with timely and practicable referral systems if applicable and as needed, teenagers should be able to receive respectful and thorough guidance, service provision, and/or prompt and functioning referral channels.
2. Care professionals should be mindful of all approaches, including emergency contraception and long-acting reversible contraceptives, and their suitability for youth, including the communication of methodological benefits and drawbacks and the likelihood of transferring approaches. (Engel et al. 2019)

Question 2

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. Another reason is that they may not receive proper counselling and therefore may not know what to anticipate regarding side effects. What are two implications of this for health workers who are supporting adolescents to sustain contraceptive use?

Two implications of this for health workers who are supporting adolescents to sustain contraceptive use are: (Engel et al. 2019)

1. As a way of meeting their life goals, health professionals should reach teens when they are in their lives and provide condoms, using methods such as motivational counseling and aspirational therapy.
2. To encourage regular and continued use, health professionals should offer assistance to teenagers using contraception. Side effects can also be carefully controlled by them.

Question 3.1

Which one of the emerging opportunities noted in Paper 4 do you feel has the most potential to advance ASRHR in your country? Briefly explain your answer.

One of the emerging opportunities noted in Paper 4 that I feel has the most potential to advance ASRHR in Bhutan is increased school enrolment. Few years back, Bhutan introduced central schooling where the students are provided with free three times meals, laundry services for children below grade six, boarding facility with free mattress, blankets, bedsheets, free school uniform including free shoes and socks, and also free lunch on certain days for day scholars (Kaka & Wangdi 2016). Such initiative could help educate and improve adolescent health in the country. (Plesons et al. 2019)

Question 3.2

Which one of the persistent and/or new challenges noted in paper 4 do you feel creates the biggest barriers to advancing ASRHR in your country? Briefly explain your answer.

One of the persistent and/or new challenges noted in paper 4 that I feel creates the biggest barriers to advancing ASRHR in Bhutan is denial of adolescent sexuality. Even though a lot of adolescents have access to SRH care services, yet in a lot of strong ethnic, religious or cultured families, adolescents are not yet accepted to be sexually active (Tobgay 2019). Moreover, the LGBTQI+ community is not yet being accepted by a lot of people in Bhutan creating stigma and denying them social discourse or easy access to SRH services (Tobgay 2019). (Plesons et al. 2019)

Question 4

What are two of the suggested actions that can be taken to mobilize and make full use of political and social support for ASRHR policies and programmes?

1. Where ASRHR has political and social support, we need to show that progress is possible through evidence-based policy, good guidance, and perseverance, and use this support to promote teen wellbeing more broadly.
2. Where engagement & help remains weak, we must use suitable entry points and/or exploit particular events / moments in time to make the case for action. (Plesons et al. 2019)

Question 5

Mention one suggested action each that can be taken to increase external funding AND domestic funding for ASRHR while making effective use of the available resources to demonstrate impact.

1. By developing human & machine skills to scale up comprehensive packages of evidence-based treatments, we must show concrete outcomes [External funding].
2. We need to ensure that ASRHR has dedicated funding & that countries have helped to show that such investment is worthwhile by allocating dedicated line items for ASRHR-related programs in health & other sectors' budgets [Domestic funding]. (Plesons et al. 2019)

Question 6

What are two of the suggested actions that can be taken to develop, communicate, apply, & monitor enabling & protective laws/policies for ASRHR?

1. To ensure that those responsible for the enforcement of laws and regulations are aware of them and of their responsibility to apply them.
2. To build a broader view of these legislative frameworks so that youth and their families are aware of their rights / rights and can press for transparency. (Plesons et al. 2019)

Question 7

Is there anything that surprised you in the score card for the country you selected? If you had the authority to make any changes to the laws and policies in the country, what are two changes you would make to improve young people's access to contraception?

Selected country: Haiti

Score card that was rather unexpected was Marital Status Restrictions. The "Plan Stratégique National de Santé Sexuelle et Reproductive, 2019-2023" involves a multisectoral approach to strengthen the legislative structure to assist young people in SRH programs (Population Reference Bureau: PRB 2020). Nevertheless, Haiti is put in the gray group for this indicator because no existing legislation could be found that promoted youth access to family planning (FP) services regardless of marital status (PRB 2020). Not having such laws could easily deny existing FP services and facilities to the adolescents.

Two changes that I would make to improve young people's access to contraception in Haiti could be (Plesons et al. 2019):

1. Ensure that those responsible for the enforcement of law/policy are aware of them & their responsibility to apply them and build broader knowledge of these legal requirements so that youth & their families recognize their rights & can press for transparency.
2. Scale up efforts to ensure that law/policy reform initiatives are appropriately resourced, adopted and executed, while ensuring that the most disadvantaged and vulnerable individuals/communities are not scapegoated along the way.

Question 8

What are three of the suggested actions that can be taken to use & improve ASRHR data & evidence to strengthen advocacy, policies, & programmes?

Three of the suggested actions that can be taken to use & improve ASRHR data & evidence to strengthen advocacy, policies, and programmes are (Plesons et al. 2019):

1. Synthesize age- and sex-disaggregated data in formats suitable for decision-makers from administrative structures & surveys.
2. Ensure that decision-makers have the ability and support to use data on an ongoing basis to learn-by-doing & form/reform their systems.
3. Address evidence gaps, including by implementation studies on the cost of interventions, sensitivity of interventions to various contexts, and optimization of real-life interventions.

Question 9

What are two of the suggested actions that can be taken to manage the implementation of ASRHR strategies at scale with quality & equity?

1. Ensure that youth are taken into account in improving initiatives within the wider health, education & safety environment.
2. Moving past one-off, off-site training to strengthen the capability, comfort & inspiration of frontline staff to provide ASRHR services & interventions. (Plesons et al. 2019)

References

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