

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?

Two factors that deter the provision of contraception by health workers are: a) medical competence in terms of inadequate knowledge, skill and misconception of health workers; b) Judgmental and disrespectful attitude of health workers.¹

Question 1.2

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

Two actions that could be taken to address these factors include²:

1. service providers should be trained about all methods of contraception and their appropriateness for adolescents, including communicating advantages and disadvantages of methods, and have the skill to counsel adolescents,
2. service providers should be supported and held accountable for providing non-judgemental and respectful services to adolescents.

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?

To address shorter periods of consistent use and high prevalence of discontinuation of contraception by adolescent, health care providers should : a) pay attention to and provide support for active management of the frequent side effects and promote consistent and continuous use; b) address the knowledge gap and misconception through continuous access to tailored information throughout the period of method use to help sustain contraceptive use.

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.

The emerging opportunities that has the most potential to advance ASRHR in my country, Nigeria is the inclusion of adolescents on global, regional, and national agendas. Presently, adolescent health is placed fully on numerous global, regional, and national agendas and to fulfill the mission of “leaving no one behind” the special needs of adolescents were recognized in the

SDGs, Adolescents' Health etc and ASRHR has been prioritized in numerous global and regional and national partnerships, initiatives, commitments and policies.³

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.

The persistent challenges that creates the biggest barriers to advancing ASRHR in my country Nigeria is denial of adolescent sexuality. Most Nigeria community continues to refuse to accept adolescent sexuality and rather discussed it as a risk or problem to be avoided. Consequently, ASRHR policies, programmes and services often face powerful oppositions⁴ and adolescent who seek ASRHR services are often disrespected and judged by health workers, hence more likely to learn about sex from peers rather than trusted adults in their lives.

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. At the global level, we must continue to advocate for the place of ASRHR specifically, on global agendas.
2. At the national level, where there is political and social support for ASRHR policies/programs, we must strengthen human and system capacity and facilitate efficient technical support, ensure their integration and sustainability, and track progress. Where commitment and support for ASRHR policies/programs remain weak, advocates must make the case for action using politically and socially acceptable entry points and/or leveraging on specific events or moments in time and pro-actively manage resistance when the arise.^{4,5}

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.

To increase external funding for ASRHR, there is need to build both human and system capacity to scale up integrated packages of evidence-based services and interventions and improve monitoring and evaluation with a “last mile” lens to ensure the quality and equity using resources to show the results and how this links to the wider public health agenda.³

Regarding increasing domestic funding for ASRHR, it should be ensured that countries that have support demonstrate that such investment is worthwhile by translating strategies into costed implementation plans and assigning dedicated line items in health budgets to support ASRHR services and ensure that health financing incorporates specific provisions for ASRHR.³

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. Where enabling legal/policy investment exist, we must ensure that those who are responsible for law/policy implementation are aware of them and of their obligation to apply them; create wider awareness of these legal provisions to ensure adolescents and their families know their rights and entitlements and are equipped to hold governments accountable.³
2. Where there are still restrictive, contradiction and loophole in legal/policy, we must identify the legal/policy barriers to ASRHR and work to change them.³

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?

Yes. I am surprised at the score card of Nigeria was depicted as red colour codes on "Comprehensive Sexuality Education" indicating the policy promotes abstinence-only education or discourages sexuality education and for "Access to a Full Range of FP Methods" indicating-Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

Two changes I would make to improve young people's access to contraception include:

1. Ensure that those who are responsible for law and policy implementation are aware of them and of their obligation to apply them.
2. Create wider awareness of these legal provisions to ensure that adolescents and their families know their rights and entitlements and are equipped to hold governments accountable using advocates and champions.³

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 actions that can be taken to use & improve ASRHR data & evidence to strengthen advocacy, policies, & programmes include^{3,6}:

1. Ensure that real-time age- and sex-disaggregated data from administrative data systems are synthesized in formats that are accessible and useful for decision-makers who should have adaptive management capacity to use such data to shape their programs.
2. At the global level, we must make full use of new initiatives to harmonize and apply a core set of indicators on adolescent health. which must go beyond health outcomes but include measures of quality, coverage, and cost; attention to the determinants of adolescent health, and have relevance across country contexts.

3. Need to improve the availability and dissemination of such evidence and support country-level stakeholders' capacity to develop evidence-based plans, strategies, and investment cases to ensure that common challenges are addressed.

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?

Two actions to manage implementation of ASRHR strategies at scale with quality & equity include⁷:

1. Support the implementation of multi-sectoral ASRHR strategies for stronger and more synergistic action through innovative and complementary means and ensure relevant delivery platforms have the system and human capacity to deliver the services and interventions with quality and fidelity.
2. At the service provider level, promote the need to move beyond one-off, off-site training to improve human capacity and comfort in acknowledging and addressing sexuality among adolescents.

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