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. Inadequate knowledge and skills, as well as misconceptions like contraceptive use is contraindicated in adolescents of health workers deters contraceptive provision.
2. Attitude of health workers that is believe it is wrong for adolescents to be sexually active before marriage. These attitudes translate into judgmental and disrespectful behavior.

Question 1.2

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

- Health workers should be knowledgeable about all methods of contraception, including emergency contraception, and about the advantages and disadvantages of each.
- They must have the skills to counsel adolescents.
- They must be trained, supported and held accountable for providing quality and respectful care.

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?

- Health workers should meet adolescents where they are in their lives and offer contraception as a means of achieving their life goals, using approaches such as motivational interviewing and inspirational counseling.
- Health workers should provide support to adolescents using contraceptives to promote consistent and continued use.
- They should also actively manage side effects. Health care providers should pay attention to and provide support for active management of side effects and continuous access to tailored information throughout the period of method 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.

Emerging opportunities that has the most potential to advance ASRHR in Ethiopia

Increased school enrollment:

In Ethiopia context increased school enrollment is a good opportunity in improving ASRHR service as compared with other emerging opportunities. According to education statistics, Net enrolment rate in primary education of Ethiopia increased from 19.2 % in 1994 to 85.6 % in 2015 growing at an average annual rate of 8.47%.This condition by itself (staying at school) can protect adolescents (girls) from early marriage and early child bearing. On the other hand increased school enrolment is a good opportunity to reach large number of adolescent with comprehensive sexuality education and school based link service with a few cost by using government structure that is health extension worker and health center service providers. Since majority of adolescents are found in school Ethiopia can aware adolescents about sexual and reproductive health and rights at school and also can improve the utilization of adolescent sexual and reproductive health service. Study done in Ethiopia showed that comprehensive sexuality education improves the students' knowledge towards SRH such as control and prevention of STI including HIV/AIDS and unintended pregnancy. (1)

So, based on Ethiopia economic level, increased school enrolment that facilitate to reach adolescent and youth through school based approach is the most effective and efficient approach as compared with others emerging opportunities. Even though increased school enrolment is good opportunity, another approach which can address out of school adolescent is also needed in addition to school based approach. (M*y feeling based on my work experience and literatures.*)

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 and/or new challenges that can creates the biggest barriers to advancing ASRHR in Ethiopia

Weak health system, limited integration and coordination across sectors:

In Ethiopia, weak health system, limited integration and coordination across sectors is the biggest barrier in advancing adolescent SRHR as compared with challenges mentioned so far, Because it could be underline cause and also solution for the rest challenges such as Denying adolescent sexuality which can be addressed through awareness creation (coordination of media and health sector and others),Gender inequality also can be addressed through strong multi sector coordination(Health, Education, Legal institution and etc),Engaging young people and change in population dynamic also can be addressed through multi-sector approach by converting population dynamic to opportunity for the country. In Ethiopia context health system is not providing service to adolescents to the needed level, due to shortage of trained man power and required infrastructure. And also due to shortage of trained man power ASRH service is not integrated to the needed level with another services or services are not adolescent and youth centered, but in recent time there is a promising progress in increasing trained health provider and service integration. On the other hand multi-sector approach to addressing adolescent health is critical to ensure that interventions address health and social determinants of adolescent health but currently weak multi sector coordination to address ASRHR is remaining as the

biggest challenge. (*Since the question is about my feeling toward challenges, this idea is based on my own work experience and literatures.*)

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?

Advocate through:

- Where there is political & social support for ASRHR, demonstrate that success is possible through evidence-based action, strong leadership & management & perseverance, & use this support to improve adolescent health more generally and as countries demonstrate that success is possible, celebrate them as champions to bring others along.
- Where commitment & support remain weak, make the case for action using acceptable entry points &/or leveraging specific events/moments in time and the case for action can also be made by combining epidemiologic data on the scale of the problem and the costs of inaction, compelling stories to personalize the issue, evidence on effective approaches and what they will cost, and examples of how these approaches have worked elsewhere.

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.

Regard to external funding

- Building human & system capacity to scale up integrated packages of evidence-based interventions.
- Improving monitoring & evaluation with a 'last mile' lens to ensure quality & equity.
- Using the resources to address intersecting areas of ASRHR & areas of importance to ASRHR that are not well-funded.
- Showing the results of our work & how this links to the wider public health agenda.

Regard to domestic financing

- Translating strategies into costed plans.
- Assigning dedicated line items in health & other sectors' budgets for ASRHR-related activities.
- Ensure that health financing incorporates specific provisions for adolescents.

Question 6

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

Where enabling legal/policy environments exist

- Ensure that those who are responsible for law/policy implementation are aware of them & of their obligation to apply them.
- Create wider awareness of these legal provisions so that adolescents & their communities know their rights/entitlements & can push for accountability.
- Step up efforts to ensure strategies to implement laws/policies are adequately resourced, carried out, & enforced, while ensuring that the most marginalized & vulnerable persons/communities are not scapegoated along the way.

Where there are still restrictive laws/policies

- Identify the legal/policy barriers that pose the greatest barriers to ASRHR & work to change them.

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?

Policy score card

On Youth Family Planning Policy Scorecard dashboard I have selected my country Ethiopia. What I have saw from the dash board was extent to which a country's current policy environment enables and supports youth access to and use of family planning. This score card used eight indicators which are policy related to parental and spouse consent, provider authorization, age restrictions, Marital status restriction, access to full range of family planning method, Comprehensive sexuality education, youth friendly family planning service provision and enabling social environment and Countries are classified into one of four color-coded categories to show how well they are performing for each indicator. Based on this assessment Ethiopia is classified under Green color in six of indicators, yellow by Comprehensive sexuality education and gray for parental and spouse consent. According to the analysis done, no law or policy exists that addresses consent from third party to access family planning service. A law permits adolescents and youth to use contraceptives without third party consent, however, this law is not identified by name and could not be located and Ethiopia is placed under gray color category for this indicator. Based on the score card what surprised me is Ethiopia is placed under green color in majority of indicators, this indicates that presence of high commitment on government side and availability of enabling environment to improve adolescent family planning provision service, but in practice or implementation of these policies, Youth family planning provision for youth is not get adequate attention in government health facilities and also according to my feeling I don't think health providers working in public facilities did not know about this all government side commitment.

If I had an authority to make any changes to the laws and policies in the country to improve young people access to contraception, I would like to improve two areas. Since majority of

enabling legal/policy environment is existed in Ethiopia, I would like to improve two conditions that can ensure the implementation of these policies.

1. Develop clear SRH multi-sector implementation guideline that encompass how relevant sectors working together, strategies used to let communities to know about these policies and their own SRH rights and how higher level leaders become accountable for what not performed in multi-sector approach.
2. Strength health communication system from MOH to health post level with strong accountability.

Question 8

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

1. Improve the availability & use of existing data, through Synthesize age- and sex-disaggregated data from administrative systems & surveys in formats that are useful for decision-makers and ensure that decision-makers have capacity & support to use data to learn-by-doing & shape/reshape their programs on an ongoing basis.
2. Fill data gaps through harmonize & apply a core set of indicators for adolescent health, including those that go beyond health outcomes.
3. Improve the uptake & use of evidence on ASRHR intervention through Improve the availability & dissemination of evidence, Support decision-makers to develop evidence-based strategies & investment cases and address evidence gaps, especially through implementation research on the cost of interventions, adaptation of interventions to different settings, & optimization of interventions in real-life settings.

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. Improve multi-sector coordination through Build a shared understanding of which groups are to be reached with which interventions, delivered by whom, where, & how , Lay out clear roles & responsibilities , Establish referral, coordination, and accountability structures with real power to incentivize participation and Create mechanisms to allow for joint – or at least coordinated – budgeting & monitoring.
2. Ensure delivery platforms have the system & human capacity to deliver ASRHR interventions with quality & fidelity through Ensure that adolescents are considered within broader health, education, & protection system strengthening efforts, Move beyond one-off, off-site trainings to improve frontline worker capacity, comfort, & motivation to provide ASRHR services & interventions.

References

1. Boti N, Hussen S, Shegaze M, Shibru S, Shibiru T, Zerihun E, Godana W, Abebe S, Gebretsadik W, Desalegn N, Temtime Z. Effects of comprehensive sexuality education on the comprehensive knowledge and attitude to condom use among first-year students in Arba Minch University: a quasi-experimental study. BMC Research Notes. 2019 Oct 26;12(1):700. http://dx.doi.org/10.1186/s13104-019-4746-6