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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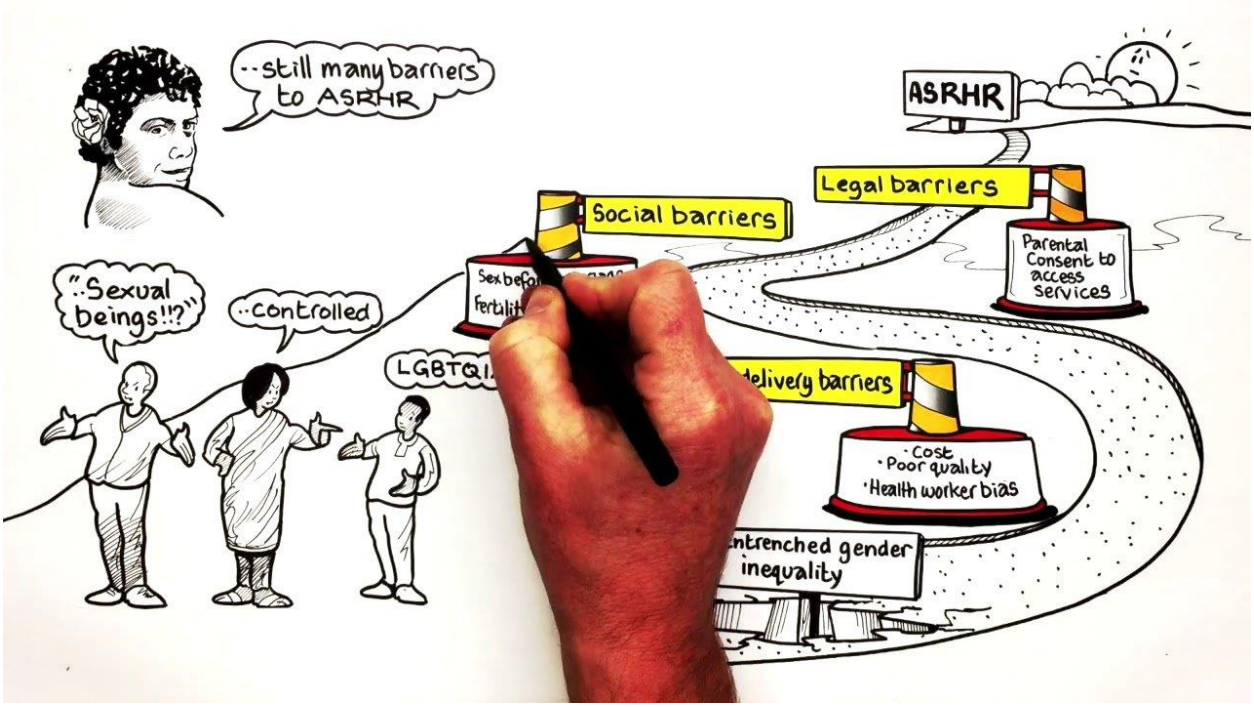
Introduction



For young people, their sexual and reproductive health and rights are a crucial part of their lives – whether they are sexually active or not. Sexual and reproductive health (SRH) is a significant aspect of adolescents' growth, safeguarded by SRH rights (SRHR). Despite various global efforts to promote adolescents SRHR (ASRHR), the majority of adolescents still lack awareness and autonomy to access SRH related information and services (1).

Question 1.1

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

Firstly, there is a lack of or inadequate knowledge and skills and misconceptions of health workers. Secondly the judgmental and disrespectful attitudes and behaviors towards adolescents seeking contraception deter the provision of contraception to the latter.

Question 1.2

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

Staffs should be trained about providing quality and respectful care to adolescents. They should be very professional with a client centered care approach. Secondly, they should have proper knowledge about contraception including the different methods of contraception, advantages and disadvantages and the possibility of switching methods.

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 care providers should be attentive to the adolescents' complaints, doubts or any confusion they may have regarding contraceptive use. In case, they experience side effects due to contraceptive use, the health care providers should encourage them to seek medical advice and support them for active management. Further, there should be a continuity of care all throughout the duration of contraception use and health care providers should continuously provide appropriate information to adolescents.

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.

In Mauritius, there is an increased investment in Adolescent health along with maternal, neonatal and child health. Besides external funding from UNFPA, domestic resources or funding have been earmarked for ASRHR (2). Increased investment demonstrates the government's interest and will to tackle issues related to adolescent health. Collaboration with the Ministry of Youth and Gender Equality and family welfare permits to carry out successful programs and interventions.

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 biggest barrier to advancing ASRHR in Mauritius remains legislation. Adolescents do not have access to free family planning services offered by the government without their parents' consent. Mauritius, being a culture oriented country, sexuality remains a taboo. Therefore, adolescents are not free to talk about sexuality with their parents. So without them, they cannot access these services. Further the legal age of sex is 16 years and the legal age of marriage is 18. Providing contraception to those aged less than 16 is considered as an encouragement for initiating or continuing sexual activity (3). This is posing a problem to address the issue of teenage pregnancy.

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?

To improve adolescent health, countries in which there is political and social support for ASRHR, actions taken should be evidence based, should demonstrate strong leadership, management and perseverance for them to be successful. In other countries where commitment and support is weak, advocates must make the case for action using existing or new entry points, touching stories to make an impact, epidemiologic data to emphasize the problem, evidence on existing, effective and cost effective approaches already in place 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.

To increase external funding, we must show how this funding is currently being used to implement ASRHR actions, programs and strategic plans, demonstrate the results and outcomes and how it helps to address more wider public health issues like maternal mortality rate or infant mortality rate which are key indicators of a health system. Concerning domestic funding, goals and actions related to ASRHR in health strategic plan should be implemented successful so that this funding is incorporated in health budgets.

Question 6

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

In countries where legislations act as barrier to ASRHR, those restrictive laws and policies need to be identified, then worked on them to change them. In countries where enabling laws and policies are present, awareness about them is needed in the communities and among adolescents so that they are aware of their rights.

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: Sindh (Pakistan)

Comprehensive Sexuality Education (CSE) was limited to married couples and focus on abstinence only educational approach. Further, they need parental consent for youth's access to family planning.

Sindh already have laws concerning adolescent health and sexuality education. Two changes I would like to make is to change the policies to remove the need for parental consent to access to family planning services and to provide youth with access to CSE.

Question 8

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

Decision makers should use data available to them to change or reshape programs so that they are tailor-made to cater for the needs of adolescents. Population based surveys should be improved so that they can collect more relevant and appropriate data. Decision makers should be encouraged to develop evidence based programs and strategies to address adolescent health issues.

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?

Adolescents should be considered within broader health, education and protection system strengthening efforts. Also, health care providers should be empowered with both on site and off site training, knowledge and skills to perform their duties in providing CSE.

Conclusion

Despite tremendous achievements in addressing ASRHR in various countries worldwide since the 1994 International Conference on Population and Development, there are still new challenges and barriers that need to be addressed and this calls for major political commitment from those countries who are yet to tackle issues related to adolescent health.

References

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