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.

It has been 25 years to the ICPD (1994) with the adolescent populations seeing staggering changes throughout the globe:

1. The adolescent demographics saw a rise of 0.163 billion since 1994, expanding the global adolescent population to 1.26 billion (2019) with the highest rise of adolescent population recorded in the Sub-Saharan Africa.
2. Sex selection also saw a demographic shift with adolescent boys (aged 10-19years) increasing by 16.3% and the global female adolescent population rose by only 13.7% (observed in Eastern and Southeastern Asia)

Question 2

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

The present world brings along with it some improved and some challenging social changes for the adolescents.

Digital Connectivity:

New communication means, knowledge sharing and social media connectivity is divulging the adolescent population to newer opportunities (educational, employment, social) but at the same time creates an inequality in the form of digital divide along with cyber bullying, exploitation and predation into their lives. This brings along a shift in sexual and social norms within adolescent population globally.

Education Enrolment:

Increased educational informal attainment and enrollments brought about by the new age of technology and global connectivity social change on SRH in adolescents. Improved enrollments in adolescents will influence the age of first time sex, getting married, likelihood of use of contraception, protection against HIV-STDs etc.

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.

Improvements:

An achievement for SRHR in these 25 years since the ICPD is a decline in female genital mutilation from 35% (2003) to 25% (2018) in sub-Saharan Africa and a drop to 74% from 94% in Northern Africa.

Childbearing at an early age has drastically decreased by one third globally standing at 42.5 births per 1000 women aged 15-19 years. The global decrease is majorly credited to a drop in central and south Asian adolescent pregnancies while the sub-Saharan Africa and Latin America remain the highest early child bearing areas.

Areas to improve / no progress:

When discussing areas that need global attention two areas of adolescent health stand out the most:

1. The incidence of STIs in young adolescents has risen substantially in comparison to the adolescent population globally, with the highest risk of these infections being in the female population. HIV/AIDS among these infections has been the number one cause of DALYs lost in adolescents globally (1.6 million, 2018 from 920,000, 1994).
2. The increasing rates of reproductive cancers (testicular, ovarian and breast cancer) in adolescents has risen to 0.11% in 2017 from 0.8% in 1994.

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.

A social constraint identified in Pakistan has been the communication gap between adolescents and their teachers, care givers, doctors and parents. The lack of conducive environment, SRH education at all levels of social structure and the many social taboos attached that are credited to misunderstood religion-cultural constraints, is an area that could benefit adolescent health in Pakistan a lot (1). Iqbal et.al (2) found out that 72% of adolescents consult with friends.

The caveat here is that the dependability of knowledge that these peers and friends have and needs to be from a reliable source. Hence the access to SRH knowledge is the key to improve the adolescent populations knowledge base (2).

Question 5.1

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

The rate of adolescent childbearing for Uruguay in 2019 dropped to 36 births per 1000 from the 72 births per 1000 in 2014-15.

Question 5.2

Name two factors that contributed to the decline.

The two factors that contributed to decreasing the adolescent childbearing rates were: (i) improved policies and multisectoral programs in Uruguay, and (ii) intervention activities providing access to SRH services and maternal health care and emergency obstetric care for adolescent parents.

Question 6.1

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

The estimated HIV incidence rate in adolescents in Zimbabwe fell down from 25% (1990's) in 15 to 49 year old's to 13.3% in 2017. The estimated prevalence of HIV in 15-24 years old is 4.7% of which the female affectees' are twice (6.1%) the male adolescent (3.4%).

Question 6.2

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

The Zvandiri multicomponent programme integrated peer-led community services and factored its success to strong government leadership, standardization and integration of the programme into the national service delivery. Meaningful engagement of adolescents and young people at all levels of the program and use of program data and research evidence to mold the module.

Question 7

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

1. Some aspects of ASRHR are higher on health and development agendas than ever before.

   For Pakistan the main focus for adolescent has been improving their social and economic development and reckons that it will improve the necessary conditions related to health and SRHR. The lack of SRH national visions for adolescents is due to the massive social taboos brought about by cultural and religious inappropriateness of the subject (3).

   One aspect of the majority of donor funded projects implemented for family planning in the country includes ease of access to contraceptive products for all (focusing on adolescents). Reducing the rate of maternal deaths, provision of contraception and preventing unsafe abortions (DAFPAK, FCDO funded project focusing on contraception use).

2. There is a steadily growing financial investment in ASRHR, although much of the funding is from external sources and remains inadequate & fragmented.

There are certain areas of ASRHR that are underfunded presently (violence against women and girls, menstrual hygiene) but a lot of donor and government funded projects are working on specific issues such as improving adolescent access to and use of contraception.

Pakistan presently has a number of donor specific projects that are catering to the SRH in different fragments. The David and Lucile Packard Foundation has been in the country since 1988 granting funds for improving family planning, reproductive health services, and SRH education for adolescents. DAFPAK is in its Y3 and serving to improve the uptake of contraception in adolescents. Bill and Melinda Gates foundation has funded Sindh's largest intervention HANDS.

Although improving ASRHR the funding is still inadequate to cater to all the issues at hand.

3. While there are still many gaps to be filled, there is a growing body of data and evidence on ASRH. This has fed into norms and standards to guide policies and programmes.

   The improvement in data sets can be credited to the many donor funded projects in Pakistan pouring their programme data into the system developing better constructed projects and policy briefs improving the state of ASRHR in the country.

4. Although implementation of ASRHR policies and programmes in many countries remains weak, a small but growing number of countries have created and implemented enabling legal and policy environments, and strong government-led programmes.

   The Lady health workers programme scattered all over Pakistan is a giant achievement for the government. The LHW programme is playing its role in providing counseling and contraceptives on household levels. Pakistan recently also made FP services as essential during the COVID-19 lockdown.

   There has been no substantial improvement in the ASRHR enabling environment in Pakistan (4).

5. Although there is growing support for addressing some aspects of ASRH, there is ambivalence about other aspects, and there is increasingly well-financed & organized resistance.

   Pakistan at present in its majority has only donor funded projects focused at certain issues that are a foundations goal, hence a focused approach towards ASRHR seems like a farfetched reality (3).

References

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