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.

1. The profile and distribution of adolescents across world regions have changed significantly over the past 25 years. Sub-Saharan Africa has experienced the largest population increase at all ages, and among those aged 10–19 years, the population has nearly doubled. Disparities by sex are notable, reflecting the phenomena of sex selection in some regions. Worldwide, the number of adolescent boys aged 10–19 years increased by 16.3%, from 554 million in 1994 to 644 million, whereas the number of adolescent girls increased by only 13.7%, from 529 million in 1994 to 601 million in 2019. (1)
2. Adolescents today are living in a world of smaller households and better health and longevity. In the past 25 years, average household size has declined gradually almost everywhere that data are available, changes in fertility have coincided with improved health and longevity. Adolescents are growing up in the context of increased life expectancy and health. (1)

Question 2

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

1. Adolescents are grown up in increasingly urban environment; more adolescents are now living in urban areas. Because of that they more likely digitally connected: while recognizing unevenness to access to digital technology based on age, gender ethnicity and etc. But we do know that more adolescents are more likely digitally connected to day than before. (1)
2. More likely in enrolled to school and to complete school. Of course, most of the progress is in the primary level, there is also a gain in secondary level education for men and females. (1)

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.

Two health issues in which there has been improvement in the SRH of adolescents:

1. Girls and boys initiate sexual activity later than they did in the past. Girls are less likely to be married & to have children before 18, more likely to use contraception & to obtain maternal health care. (1)
2. Boys & girls are less likely to have sex with a partner who they were not married to or living with; they are also more likely to use condoms. (1)

Two areas in which there has been little or no progress:

1. HIV incidence is declining slowly but deaths among adolescents due to HIV have not. (1)
2. From the limited available evidence levels of STI & intimate partner violence are high and are growing. (1)

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.

Change in the demographic situation that influences adolescent health in Ethiopia:

Internal and external migration among young people has been increasing in Ethiopia. Some of the reasons for migration are household poverty, increased young population in some rural areas; especially in areas having large family and insufficient farmland to share among young people.

Whether seen as an individual or household strategy, migration is expected to bring benefits to the migrant. However, it is a process that comes with costs. Those costs may be high enough for some individuals that they represent barriers for migration. (2)

Some young girls up on their arrival often face abuses by the agent that rely on for jobs, as the men frequently expect sexual fevers in exchange work placement. Once employed, sexual harassment at the work place is also common (3)

The primary motive behind external migration is move out of poverty and improves family living standards through remittance.(4) Female domestic migrants have received marginal attention from policy-makers and their vulnerability to various forms of abuses and exploitation has continued over years. (4).

Question 5.1

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

Uruguay has been a substantial decline in adolescent fertility in the past 25 years. The ARB peaked at 72 births per 1000 adolescents in 1996 remaining largely unchanged until 2014-2015.A rapid decline began in 2016 and today the rate is 36 births per 1000; that is half of what it was 23 years ago. (5)

Question 5.2

Name two factors that contributed to the decline.

1. This is achieved in the short time frame through progressive low and policy and strong government led multi sector response. Not piecemeal active projects, but active civil society engagement and monitoring, it combined all society and all sector approach. (5)
2. One highlight of the strategy is that it gradually introduced contraceptive implants, thereby expanding the contraceptive method mix and promoting the right to free choice. These efforts had a direct impact on access to and uptake of quality free-of-charge or low-cost contraceptive services, as did the dissemination of information reaffirming the right to exercise one's SRHR and to seek assistance for voluntary termination of pregnancy. (5)

Question 6.1

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

HIV prevalence has declined from 25% among 15-49 year olds in the 1990s to around 13% in the group in 2017. HIV prevalence in 15-24 year olds is 4.7% - females 6.1% & males - 3.1%. Since 2010, AIDS-related deaths in all populations have decreased by 44 %. (5)

Question 6.2

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

1. The government of Zimbabwe has adopted & scaled up Zvandiri, a theory-grounded, multicomponent differentiated service-delivery model for children, adolescents & young people living with HIV. Peer-led community services are integrated into facility-led treatment & care across the HIV cascade. (5)
2. Factors contributing to the success of Zvandiri's scale-up include strong government leadership, standardization and integration of the program into 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 inform adaptation of the model and costing. (5)

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. This applies for our country many NGOs are working to respond SRH needs of adolescents. The government is also responding to SRH needs of adolescents, Today, Ethiopia has a national program to end child marriage & FGM by 2025, grounded in the country's constitution & a strong legal framework to protect girls' & women's rights. (5)
2. This also applies for Ethiopia since funding for specific area of work within ASRHR has grown steadily and in some areas. For example, Ethiopia's national program to end child marriage & FGM by 2025. FGM and child marriage need to be dealt with, but it may not be the priority ASRHR problem for adolescent's nation wise, yet it is given priority and strong action is given to its achievement.

3. Evidence and data to guide governmental policies and different programs are growing nationally. The GAGE Ethiopia longitudinal studies that targeted on adolescence is one of those evidences that influence policy.
4. The youth friendly services meant to provide comprehensive service for young people, but majority of those service centers are not usually visited by young people because of many reasons.
   Overall, youth have low utilization of health services whether it is for basic health or youth friendly services. Only 37% of female youth and 39% of male youth used basic health services in the past year, while 2% of female youth and 4% of male youth have ever used youth friendly services. (6)
5. Only 4% of female youth and 5% of male youth reported that they could obtain youth friendly services from health centers. A smaller number of female and male youth reported that sexual and reproductive health counseling is available at Youth friendly service. (6)
   The center is not doing well in most places which I visited for research purpose; youth are not comfortable to visit the center; first, become of bad attitude from health workers to provide SRH services specially safe termination of pregnancy for unmarried young girl, some health workers are judgmental other health workers said providing the service is sinful act. In some facilities the center is located in unfavorable locations youth are not comfortable to go there.
   I have been working in researches that targeted on adolescents and ASRHR for the past 7 years, I found all the 5 conclusions apply to Ethiopia.

References

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