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

Khaing Nwe Tin

Deputy Director, Maternal and Reproductive Health Program, Ministry of Health and Sports, Myanmar

khaingnwetin@gmail.com

Question 1.1

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

1. Inadequate knowledge and skill, as well as misconception.
2. Judgmental attitude of health workers who believe that adolescents should not be sexually active before marriage or that contraception may inhibit future fertility leads to disrespectful services (1).

Question 1.2

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

3. Service providers should be knowledgeable about all methods of contraception, including emergency contraception and long-acting reversible contraceptives, and about the advantages and disadvantages of each.
4. Health workers must be trained supported and held accountable for providing quality and respectful care as adolescent are needed to access respectful and comprehensive counseling, provision of services, and/or timely and functioning referral mechanisms as required (1).

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?

Two implications for health workers to sustain contraceptive use among adolescents are:

1. Health workers should provide support and tailored information throughout the period of method use to adolescents who are using contraceptives to promote consistent and continued use.
2. Health care providers should pay attention to and provide support to adolescents for active management of side effects of contraceptives (1).

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.

Among the emerging opportunities, the most potential to advance ASRHR in Myanmar is *"Inclusion of adolescents on global, regional, & national agendas"*(2).

In Myanmar, ASRHR has been accorded as one of the priority issue in national development agendas at this time with the strong commitment of State Counselor. National Youth Policy was launched by State Counselor in 2007 and ASRHR was also included one of the main components (3) and highlighted the importance of adolescents and young health development through increased investment in education and development especially school based life skills curriculum (which is similar to CSE). Now government and parliaments approved to include life skill curriculum as core subjects in school at 2020 while it was set as co-curriculum. In addition, there has created a national Adolescent and Youth Health programme under the Ministry of Health, and has implementing through the guidance of Five-year Strategic Plan for Young People' Health (2016-2020) (4). Moreover, Myanmar added new objective for adolescent and youth as *"Empowering young people to thrive"* in 2017 in FP 2020 commitment to increase access for FP services among youth population (5).

In order to ensure the sexual and reproductive health and rights among adolescents and young people, ASRHR policy has developed under one of the six thematic areas of National SRHR policy which will be endorsed soon (6). Moreover, the development of national SRMNCAH strategic plan is underway and ASRHR is put as high priory than other adolescent issues. Recently, national HPV vaccination programme to all adolescent girls aged 9 to 14 years has been launched by State Counselor and Minister of Ministry of Health on 21st October 2020 (7).

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.

Out of the different persistent and/or new challenges, the biggest barrier to advancing ASRHR in Myanmar country is "*Denial of adolescent sexuality*".

In Myanmar, there are lack of acknowledgement and acceptance for adolescent sexuality as well as social stigma and discrimination for sex among adolescents that limits to implement the Comprehensive Sexuality Education (CSE) successfully and youth friendly contraceptive use. The cultural and traditional beliefs that the girls should be virgin till marriage and sex at that age will be dangerous deter the access of necessary SRHR information and services by young girls. Also, society encourages the abstinence for adolescent sexuality (8). In addition, some legal barriers like the abortion law from Myanmar Penal code that also has restricted access to safe abortion services and delay in seeking post-abortion care to all women especially unmarried adolescent girls (9).

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. To demonstrate with evidence-based action, strong leadership and management, and perseverance and use this support to improve adolescent health more generally where there is political & social support for ASRHR.

2. To make the case for action using acceptable entry points and/or leveraging specific events/moments in time where commitment & support remain weak (2).

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.

Action to increase external funding for ASRHR:

Building human and system capacity to scale up integrated packages of evidence-based interventions to demonstrate tangible results.

Action to increase domestic funding for ASRHR:

Assigning dedicated line items for ASRHR-related activities in health and other sectors' budget to demonstrate that such investment is worthwhile (2).

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 environments exist, it is needed to ensure that those who are responsible for law/policy implementation are aware of existing law and policies, and of their obligation to apply them.
2. Where there are still restrictive laws/policies, contradictions between laws/policies, and/or loopholes, it is needed to identify the legal/policy barriers that pose the greatest barriers to ASRHR and work to change them (2).

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?

As Myanmar is not available in the map, Nigeria was selected and youth-friendly FP service provision was categorized as "yellow" score card makes surprised to me. While there are enabling policy/legal environment, it is categorized "yellow" as there were some policy and implementation gaps that deter the youth access to FP services (10).

Therefore, two changes that are needed to address that policy and implementation gaps for improving young people's access to contraception are:

1. Create wider awareness of these legal provisions so that adolescents and their communities know their rights/entitlements and can push for accountability when enabling legal and policy exist as follows (2):

   In Nigeria, "National Reproductive Health Policy, 2017" emphasizes youth friendly service provision; "Nigeria Family Planning Blueprint (Scale-Up Plan), 2014" includes a specific service-delivery activity addressing privacy and confidentiality in the provision of youth friendly FP services; "National Youth Policy, 2019," outlines policy benchmarks to integrate adolescent- and youth-friendly health services in primary health facilities and implement training programs for youth friendly service delivery; "National Training Manual for the Health and Development of Adolescent and Young People in Nigeria, 2011" lists eight competencies of a youth-centered counselor, one of which guides counselors to be aware of their own judgments (10).

2. Identify the legal/policy barriers that pose the greatest barriers to ASRHR & work to change them when there are restricted policies and loopholes (2).

   The National Training Manual emphasizes abstinence-only values, likely affirming some providers' preconceived notions regarding youth's right to access contraception. And, "National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018" state that provider protocols/guidelines include nonjudgmental services and outline staff training to ensure respectful attitudes, as well as provide services at a free or affordable cost, but is not specific to family planning. Although Nigeria's "Free Family Planning Commodity Policy" of 2011, which states that family planning commodities should be provided free of charge to all clients in the public sector, stakeholders note that there are out-of-pocket costs that offset its effectiveness (10).

Therefore, the country has the potential to move to a green categorization if policy documents acknowledge the sexuality of adolescents and rights of adolescent to choose the all methods of contraception as well as include provisions to offer free or subsidized FP services to youth.

<u>Question 8</u>

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

1. **To improve the availability & use of existing data**, it must be needed to synthesize age- and sex-disaggregated data from administrative systems and surveys in formats that are useful for decision-makers.
2. **To fill data gaps**, it is needed to improve population-based surveys to collect relevant and appropriate data, while tapping into a wider range of data sources.
3. **To improve the uptake & use of evidence on ASRHR interventions**, it must be needed to support decision-makers to develop evidence-based strategies & investment cases (2).

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. To improve multi-sectoral coordination: it is needed to build a shared understanding of which groups are to be reached with which interventions, delivered by whom, where, and how, and
2. To ensure delivery platforms have the system and human capacity: it must be needed to ensure that adolescents are considered within broader health, education, and protection system strengthening efforts (2).

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