REGIONAL PAPER

A FOCUS ON
ADOLESCENT ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

"A Briefing Paper in the SAT SRHR Evidence Series"
WE HAVE THE MEANS AND THE KNOWLEDGE TO ACHIEVE UNIVERSAL SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. MEANINGFUL PROGRESS IS POSSIBLE, IT IS AFFORDABLE AND IT IS VITAL.
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KEY MESSAGES

• The 2030 Agenda for Sustainable Development cannot be achieved without investment in adolescent health and well-being, including the fulfilment of the goals related to poverty, hunger, education, gender equality, water and sanitation, economic growth, human settlement, climate change and peaceful and inclusive societies. Sexual and reproductive health and rights (SRHR) are essential for sustainable development because of their links to gender equality and the wellbeing of women’s and girl’s, their impact on maternal, newborn, child, and adolescent health, and their roles in shaping future economic development and environmental sustainability.

• Investments in adolescent sexual and reproductive health has positive spin-offs across generations and is potentially gender transformative. Such investment brings a triple dividend: benefits for adolescents now, for their future adult lives and for their children. The necessary investments in SRHR per capita are modest and are affordable for most low-income and middle-income countries. Less-developed countries will face funding gaps, however, and will continue to need external assistance.

• Adolescence, as one of the most rapid and formative phases of human development, has important implications for national policies and programmes. The distinctive physical, cognitive, social, emotional and sexual development that takes place during adolescence demands special attention in national development policies, programmes and plans.

• The push for Universal Health Coverage (UHC) provides both an opportunity and a vehicle for increased access to adolescent SRHR. SRHR information and services should be accessible and affordable to all individuals who need them regardless of their age, marital status, socioeconomic status, race or ethnicity, sexual orientation, or gender identity.

• The attainment of SRHR goes beyond the health sector and needs to challenge and to change social norms, laws, and policies to uphold human rights. The most crucial reforms are those that promote gender equality and give women greater control over their bodies and lives. There needs to be a mind shift to acknowledge that adolescents have the right to make decisions that govern their bodies, free of stigma, discrimination, and coercion. These decisions include those related to sexuality, reproduction, and the use of sexual and reproductive health services.
CONTEXT

Globally, adolescents (especially girls and young women) experience poor SRH outcomes due to social norms, taboos, legal, physical and economic barriers to access to SRHR services. Lack of ASRHR policies and access to affordable appropriate health services often lead to stigmatization and marginalization of adolescents from society, high adolescent fertility rates, early and forced marriage, increased risk of maternal mortality, and a high unmet need for contraception.

The current climate presents an unprecedented opportunity to impact on adolescent health, in fact, there is a compelling sense of urgency that something different must be done to respond more effectively to the needs of adolescents. The policy environment, and an increased knowledge base provides a more conducive environment for action. There is more and more acknowledgment that adolescence is a time of rapid physical, cognitive and psychosocial growth and development that takes place between the ages of 10 and 19 years, but influences an individual for the rest of his or her life. Research shows that adolescents experience a substantial proportion of the global population’s disease and injury burden. Many of these conditions are preventable or treatable, but to date they have been neglected and need more sustained focus and investment. Recognizing the critical importance of adolescent development – and investing sufficiently to fully promote and protect adolescent health and well-being – is key to sustainable development.

The focus on health in general however has not necessarily led to a greater focus on adolescent sexual and reproductive health as an integral part of wellbeing.

Most adolescents are healthy, but there is still substantial premature death, illness, and injury among adolescents. Illnesses can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can jeopardize not only their current health, but also their health as adults, and even the health of their future children. Promoting healthy behaviours during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries’ future health and ability to develop and thrive.

It is clear that across the region and globally there is an unfinished SRHR agenda – partly due to conservative backlash, and partly due to a lack of focus and commitment. Almost all 4·3 billion people of reproductive age worldwide will have inadequate sexual and reproductive health services over the course of their lives. This is demonstrated through negative outcomes in developing regions. Each year:

- 30 million women do not give birth in a health facility;
- 45 million have inadequate or no antenatal care;
- 200 million women want to avoid pregnancy but are not using modern contraception;
- 25 million unsafe abortions take place;
- 350 million men and women need treatment for one of the four curable sexually transmitted infections (STIs);
- 2 million people become newly infected with HIV, and
- nearly one in three women experience intimate partner violence or non-partner sexual violence.
ADOLESCENTS IN EASTERN AND SOUTHERN AFRICA

The current cohort of young people aged between 10 and 24 years is the largest in history, with a population of over 1.8 billion, 90 percent of whom live in developing countries.⁵

Persons aged 10–24 years comprise about 33% of the population in sub-Saharan Africa. Young women and men in developing countries have a higher burden of diseases and higher mortality rates than those of high-income countries. Sub-Saharan Africa has the highest disability-adjusted life years (DALYs) for the 10 to 24 years age group, accounting for the most deaths per age group globally.⁶

While other countries in the developing world will experience a decline in the proportion of their population that comprises youth, sub-Saharan Africa (SSA) will continue to experience an increase.⁷ The youth bulge in many African countries stems from high fertility and improvements in child health. The majority of sub-Saharan African youth are growing up in a context of widespread poverty, high rates of unemployment, rapid urbanization, often limited educational opportunities, and rapid socio-cultural transformations characterized by weakening social controls and breakdown of traditional norms. These challenges have far-reaching implications for the health and wellbeing of youth and for the potential contributions of youthful populations to the economies of African nations.
Specific sexual and reproductive health issues for adolescents are a greater issue for girls – including HIV and maternal issues. Violence and mental health issues are also critical to address for adolescents.
**Mental health:**
Depression is one of the leading causes of illness and disability among adolescents, and suicide is the second leading cause of death in adolescents. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems most prevalent in adolescence.

**Violence:**
Interpersonal violence is the third leading cause of death in adolescents, globally, though its prominence varies substantially by world region. Globally, nearly one in three adolescent girls aged 15 – 19 years (84 million) has been a victim of emotional, physical and/or sexual violence perpetrated by their husband or partner.

**HIV:**
An estimated 2.1 million adolescents were living with HIV in 2016; the great majority in sub Saharan African. Although the overall number of HIV-related deaths has been decreasing since the peak in 2006, estimates suggest that this is not yet the case among adolescents. A substantial proportion of HIV-positive adolescents are unaware of their status, and many of those who are aware of their status do not receive effective, long-term antiretroviral treatment.

**Early pregnancy and childbirth:**
The leading cause of death for 15-19 year-old girls globally is complications from pregnancy and childbirth. Some 11% of all births worldwide are to girls aged 15–19 years, and the vast majority of these births are in low- and middle-income countries.
DEFINING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

• have their bodily integrity, privacy, and personal autonomy respected;
• freely define their own sexuality, including sexual orientation and gender identity and expression;
• decide whether and when to be sexually active;
• choose their sexual partners;
• have safe and pleasurable sexual experiences;
• decide whether, when, and whom to marry;
• decide whether, when, and by what means to have a child or children, and how many children to have;
• have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.
ELEMENTS OF AN ADOLESCENT SRHR PACKAGE

Despite the high need, the health service package offered in many developing countries only addresses a limited number of sexual and reproductive health services. Additionally, it is not always sensitive to the diverse needs of people who face social and economic challenges, most significantly adolescents.

Sustainable Development Goal (SDG 3) asserts that by 2030, the world should ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. Adolescent birth rate is a critical indicator for this SDG, but steps are needed to ensure success.

The package for Adolescents SRHR includes 9 essential focus areas:

1. accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
2. information, counselling, and care related to sexual function and satisfaction;
3. prevention, detection, and management of sexual and gender-based violence and coercion;
4. a choice of safe and effective contraceptive methods;
5. safe and effective antenatal, childbirth, and postnatal care;
6. safe and effective abortion services and care;
7. prevention, management, and treatment of infertility;
8. prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
9. prevention, detection, and treatment of reproductive cancers.

The AA-HA! evidence-based adolescent health interventions priorities are similar but identify some critical areas not covered above.

• Prevention of and response to harmful practices such as female genital mutilation and early and forced marriage
• Voluntary medical male circumcision (VMMC) in countries with generalized HIV epidemics

The package of diverse interventions and approaches clearly implies there is no single “one-fit-all” answer when it comes to the question of effective interventions to address young people’s SRH issues. The Lancet Commission on adolescent health and well-being noted the most powerful actions for adolescent health and wellbeing must be 3 things: intersectoral, multilevel, and multi-component.

WHO stresses that adolescents are a heterogeneous group with different and evolving needs, depending on their personal development stages and life circumstances. As they transition from childhood, through adolescence, into adulthood, they should be prepared with the knowledge and skills they need to make use of the opportunities life presents, and to face the challenges they will encounter in the adult world.

This includes:

• building their sense of self-worth;
• protection from harm;
• support to make independent decisions and act on them on;
• health and counselling services that can contribute to helping them stay well, and to get back to good health when they are ill or injured;
• providing health, education and social services. (as enshrined in the Convention on the Rights of the Child).
• Youth friendly services – referring to providers, systems and services – this requires building competence through training and supporting service providers and reorienting the systems they are part of are crucial to delivering the many effective promotive, preventive and curative interventions available.

ADOLESCENT HEALTH ISSUES: LOCATING SRHR WITHIN CALLS FOR UNIVERSAL HEALTH COVERAGE

The World Health Organization (WHO) defines UHC as all people having access to essential health information and services (promotive, preventive, curative and rehabilitative) of sufficient quality to cover their various health needs, without people suffering financial hardship to pay for these services.

Three dimensions of UHC include:

1. the proportion of the population to be covered,
2. the range of services to be made available,
3. the proportion of the total costs to be met

The goal of UHC - ensuring every person has access to quality, affordable health services – plays a pivotal role in achieving the Sustainable Development Goals (SDGs) through improving the health and well-being of people of all ages. The return for each dollar invested in health services across the life course of a person is estimated to be about US$10.

Universal access to sexual and reproductive health is highlighted in the SDGs as a driver to ensure healthy lives and well-being (Goal 3) and to achieve gender equality and women’s empowerment (Goal 5). IPPF point out that despite these goals and targets, there is a lack of synergy between the aim of UHC and its implementation, and large gaps in achieving universal access to sexual and reproductive health services and UHC. Sexual and reproductive rights are not referenced in these goals, and national health care service packages designed to promote UHC often do not include essential sexual and reproductive health services. Sexual and reproductive health and rights are indispensable human rights and an integral part of the right to health, which underpins the aim of UHC.

UHC is a commitment underpinned by the fundamental human right to health, including sexual and reproductive health and rights. However this commitment has not been adequately operationalised. The progress-monitoring framework suggested by the key actors of UHC is narrowly focused, and the monitoring tracer indicators on health services coverage include only one reproductive health indicator – proportion of women satisfied with modern contraception. The right to health for all, which should reinforce UHC, has not been at the centre of discussions on UHC. Even in high-income countries, UHC is often inadequate and does not cover comprehensive sexual and reproductive health services to fulfil sexual and reproductive health and rights. The resources allocated often do not address the needs of vulnerable and marginalised populations, including adolescents. Some population groups are subject to greater vulnerability and face greater difficulty accessing health services due to their sex, age, race, ethnicity, language, religion, disability, marital status, health status (including HIV status), sexual orientation, and economic status.

According to IPPF, UHC must be considered within a broader framework to address the underlying social determinants of health and make health systems fully functional and free of social and economic barriers. Without including sexual and reproductive health information and services as part of universally available and affordable essential health services, progress towards UHC will be limited.
WHY INVESTING IN SRHR MAKES SENSE

The Lancet report addresses the cost/benefit of investing in SRHR. Cost data of the major components of sexual and reproductive health services shows that meeting all needs for services would be affordable for most countries. The cost of meeting all women’s needs for contraceptive, maternal, and new born care is estimated to be on average US$9 per capita annually in developing regions. The report stresses that the investments would yield enormous returns; evidence shows that access to sexual and reproductive health services saves lives, improves health and wellbeing, promotes gender equality, increases productivity and household income, and has multigenerational benefits by improving children’s health and wellbeing. These benefits pay dividends over many years and make it easier to achieve other development goals.

As noted previously, early adolescence, defined as ages 10–14 years, is a period of rapid physical, social, emotional, and cognitive changes that have implications for wellbeing in later adolescence and adulthood. Adolescence is a crucial time to lay the foundation for healthy sexual and reproductive lives and to address issues that are especially harmful to women’s health: inequitable gender norms, child marriage, and gender-based violence. It is also an important period for sexual development and exploration of sexual orientation because the expectation to adhere to gender roles and norms begins to intensify and solidify in these formative years.

The Lancet report notes that experiences during adolescence determine the trajectory of people’s lives. About half of 19-year-old women in developing regions are sexually active mostly, but not always, because they are married, and about half of their pregnancies are unintended. Adolescent girls and women are also highly susceptible to STIs, including HIV. Providing adolescent women and men the SRHR information and services they need requires overcoming social, cultural, health system, and legal obstacles, and must start with the acknowledgment that they might already be sexually active or could soon be.

Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age. Laws that are enforced that specify a minimum age of marriage at 18 can help reduce early child marriage and early pregnancy. Girls who do become pregnant need access to quality antenatal care. Where permitted by law, adolescents who opt to terminate their pregnancies should have access to safe abortion.

In short, ensuring sexual and reproductive health rights for all yields high returns for sustainable development. Without this, countries will not be successful in reducing inequalities, in stimulating and sustaining economic growth, or in ensuring environmental sustainability. Providing affordable, accessible, acceptable, and quality sexual and reproductive health services covered by financial protection schemes reduces both financial hardship and health inequity. Investing in sexual and reproductive health is one of the most cost-effective health interventions.
RECOMMENDATIONS

Support changes in laws, policies, and social norms and structures that enable all people, especially adolescents to understand, protect, and fulfil their sexual and reproductive health and rights, and to respect the rights of others.

The Lancet Report on accelerating access in SRHR noted that progress requires confrontation of the barriers embedded in laws, policies, the economy, and in social norms and values that prevent people from achieving sexual and reproductive health. Improvement of people’s wellbeing depends on individuals being able to make decisions about their own sexual and reproductive lives and respecting the decisions of others. They highlight gender inequality as being a key factor in preventing people (especially women and girls) in accessing SRHR. They assert that achieving sexual and reproductive health rests on realising sexual and reproductive rights, many of which are often overlooked. For example, the right to control one’s own body, define one’s sexuality, choose one’s partner, and receive confidential, respectful, and high-quality services – all of which have a gender dimension. A broad range of legal and policy reforms are crucial to improving adolescents SRHR including:

- Decriminalisation of consensual sexual relationships and the non-discriminatory provision of sexual and reproductive health services based on age to ensure the right to personal autonomy and self-determination regarding adolescent sexuality
- Outlawing child marriage

Adopt and apply the comprehensive definition of sexual and reproductive health with specific attention to sexual and reproductive rights.

SRHR should be seen as broad, inclusive, and based on human rights principles; this will help advance a common agenda for SRHR, and the provision of a full package of rights and services. Additionally, SRHR should be viewed as encompassing more than disease prevention; it includes the right to make decisions governing one’s own body and to pursue a satisfying, safe, and pleasurable sexual life, including for adolescents.

Ensure adolescents have access to sexual and reproductive health information and services without discrimination.

Given that health-related attitudes and behaviours are formed early in life, it is critical that comprehensive sexuality education is mandatory. Adolescents must have access to SRHR information and services regardless of their age or marital status. Comprehensive sexuality education in schools is an evidence-based strategy that can bring about widespread change by providing hundreds of millions of children and adolescents with the knowledge and skills to navigate reproductive health, sexual health, and sexuality issues in adolescence and adulthood. Global, systematic reviews have shown that successful programmes improve knowledge and self-esteem, positively change attitudes, gender, and social norms, increase decision making and communication skills, delay sexual initiation, and increase contraceptive use. In terms of content, comprehensive sexuality education that builds skills, uses participatory teaching methods, and discusses gender, power, and rights is more likely to be associated with positive sexual and reproductive health outcomes. Sex education programmes must do more than increase knowledge; they should include strategies to increase gender equality.

Strengthen and use accountability processes at all levels to ensure that sexual and reproductive health and rights goals and commitments are realised

The Lancet Commission stresses that frameworks for monitoring and assessing SRHR programmes and services already exist as part of several global health initiatives launched since 2010. Nations should ensure that commitments are honoured with the use of frameworks developed under the 2030 Agenda for Sustainable Development, the Global Strategy for

RESOURCES

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