

Improved access to reproductive health commodities for adolescents: an effective intervention to improve health outcomes

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Barriers to the provision & utilization of reproductive health services by adolescents in low & middle income countries



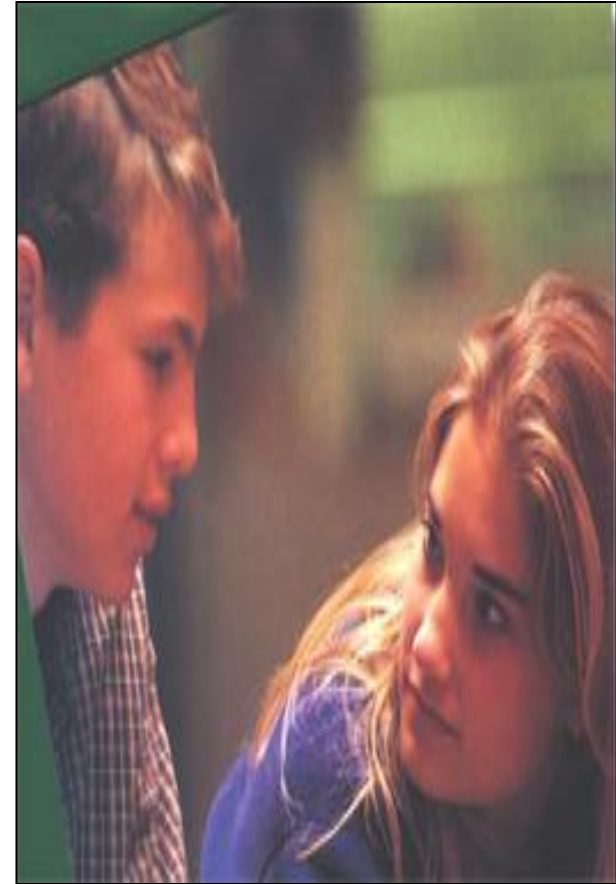


Unprepared & unable to
protect themselves

Unable to refuse unwanted sex
or to resist coerced sex

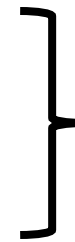
Pregnancy in adolescents

- Adolescents are **less likely** to be able to **prevent pregnancy**, if they wanted
- Adolescents are less likely to be able to **access legal and safe abortions**, if they wanted to terminate their pregnancies
- They are likely to **report late** – usually in second trimester, increasing the complications of abortion



In many individuals, sexual activity begins in adolescence

- Age at puberty is dropping
- Age at marriage is gradually rising
- Rates of premarital sex are increasing
- Contraceptive use still low
- Unmet need for contraception is high

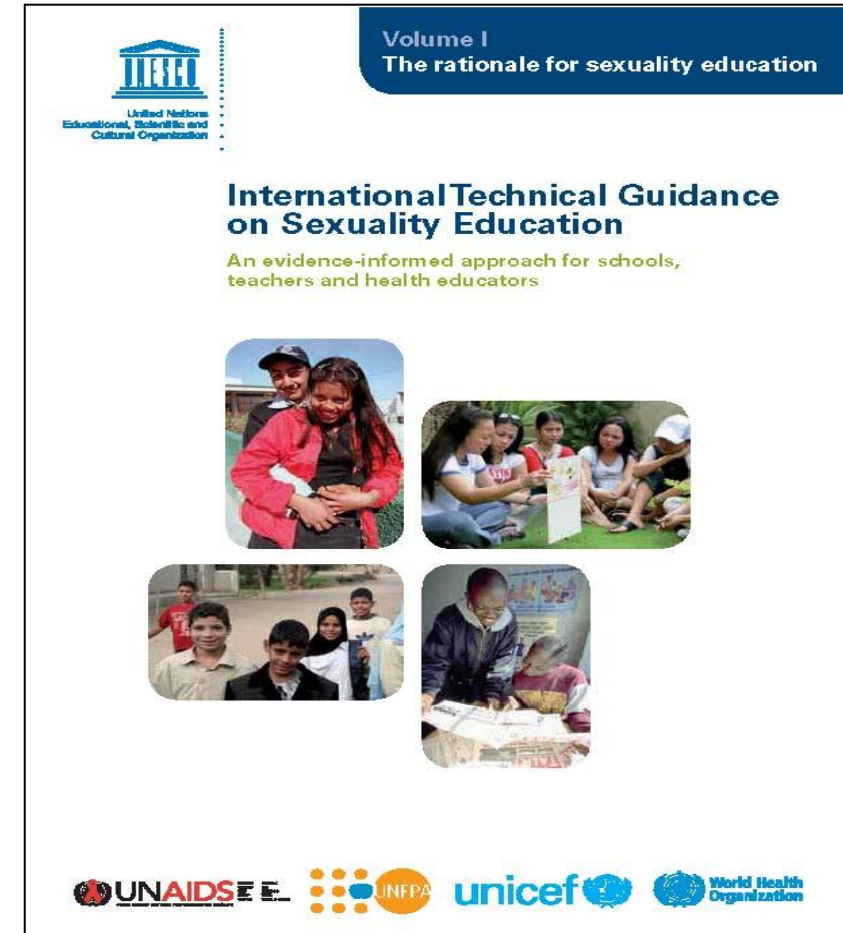


Increasing window for
sexual engagement

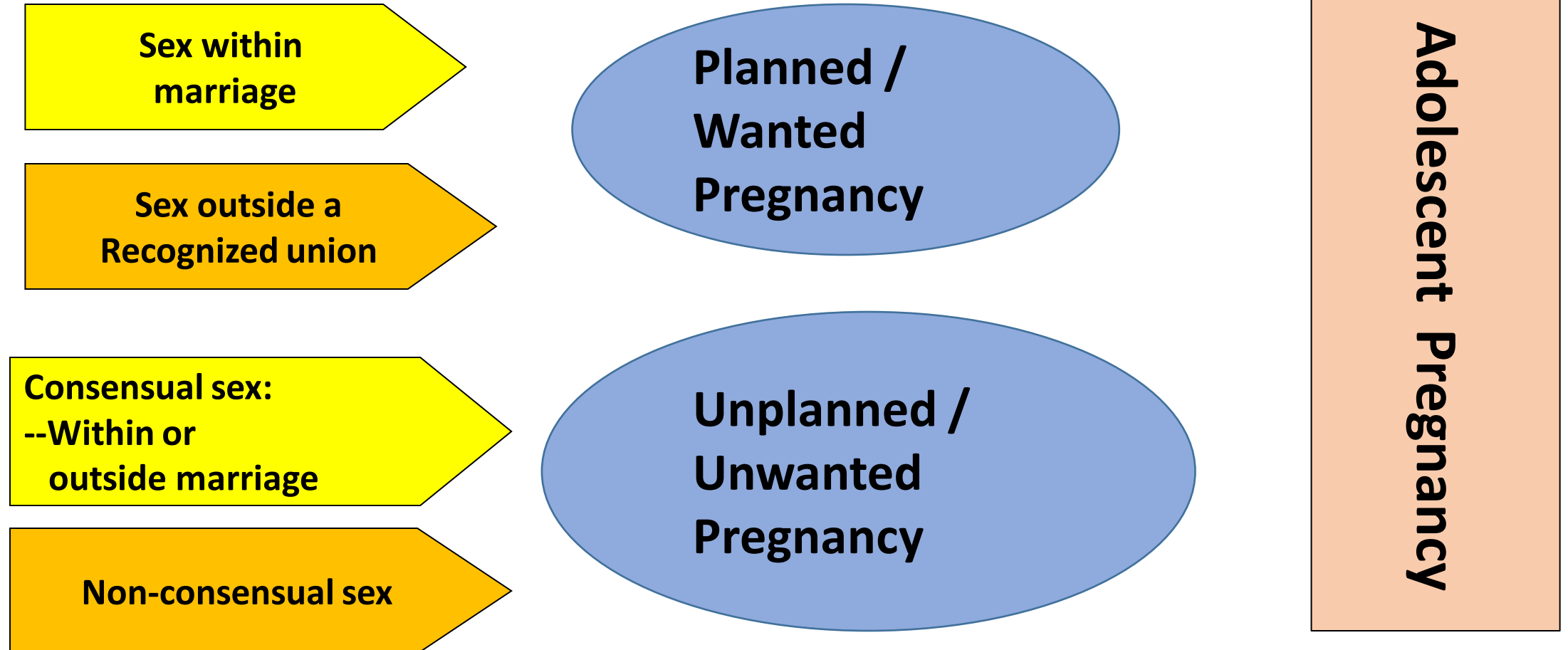
Few young people receive adequate preparation for their sexual lives.

"Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV."

UNESCO, UNAIDS, UNFPA, UNICEF and WHO. International technical guidance on sexuality education. Volume 1. The rationale for sexuality education. An evidence-informed approach for schools, teachers and health educators. UNESCO. Paris. 2009.



Adolescent pregnancy: Variety of circumstances



Barriers to the provision & utilization of contraceptives by adolescents

Not available !

Contraceptive services are not available to anyone

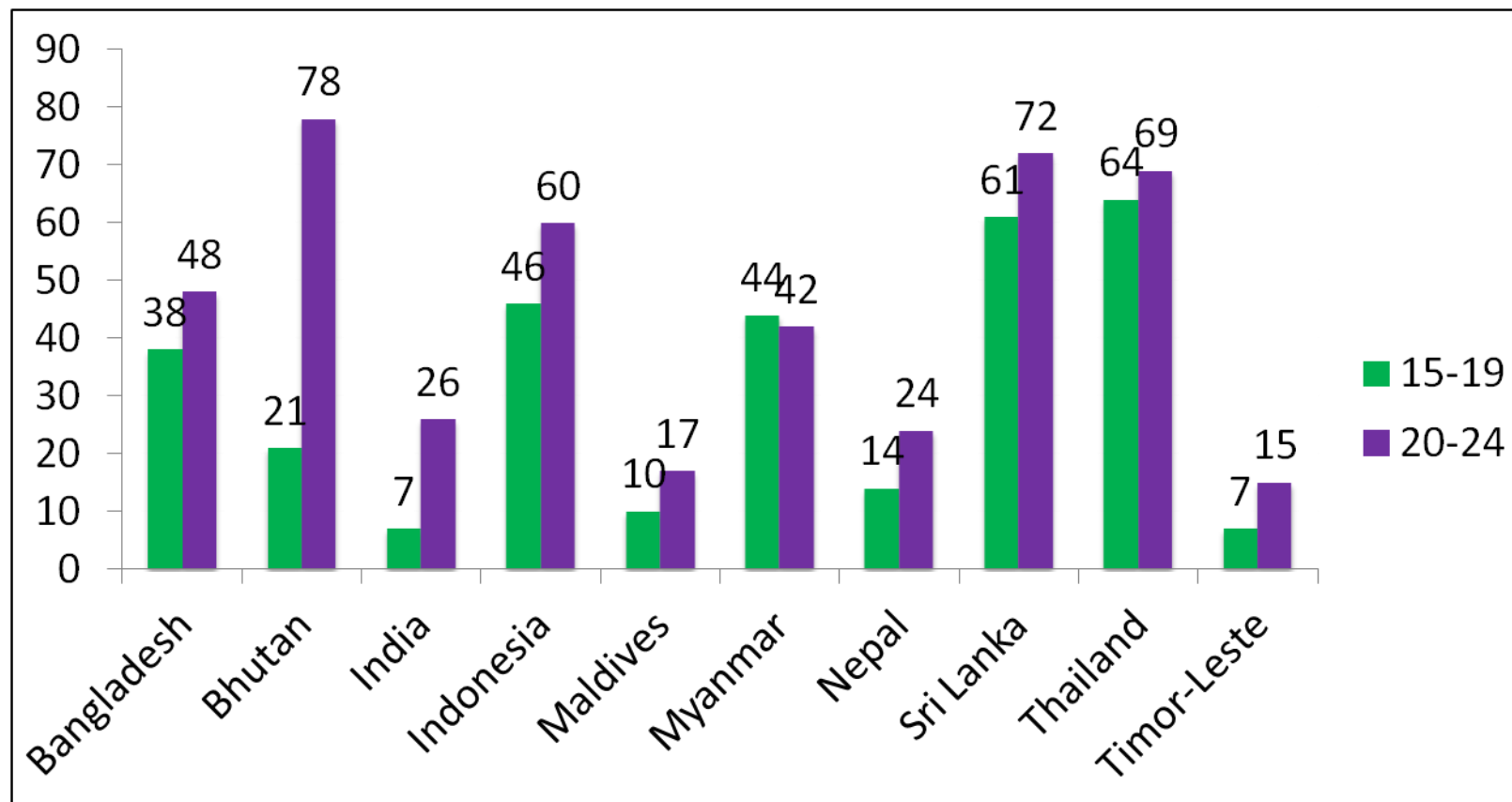
Not accessible !

"Contraceptive services are available, but I am not able to obtain them."

Not acceptable !

"Contraceptive services are available. I can obtain them. But I do not want to".

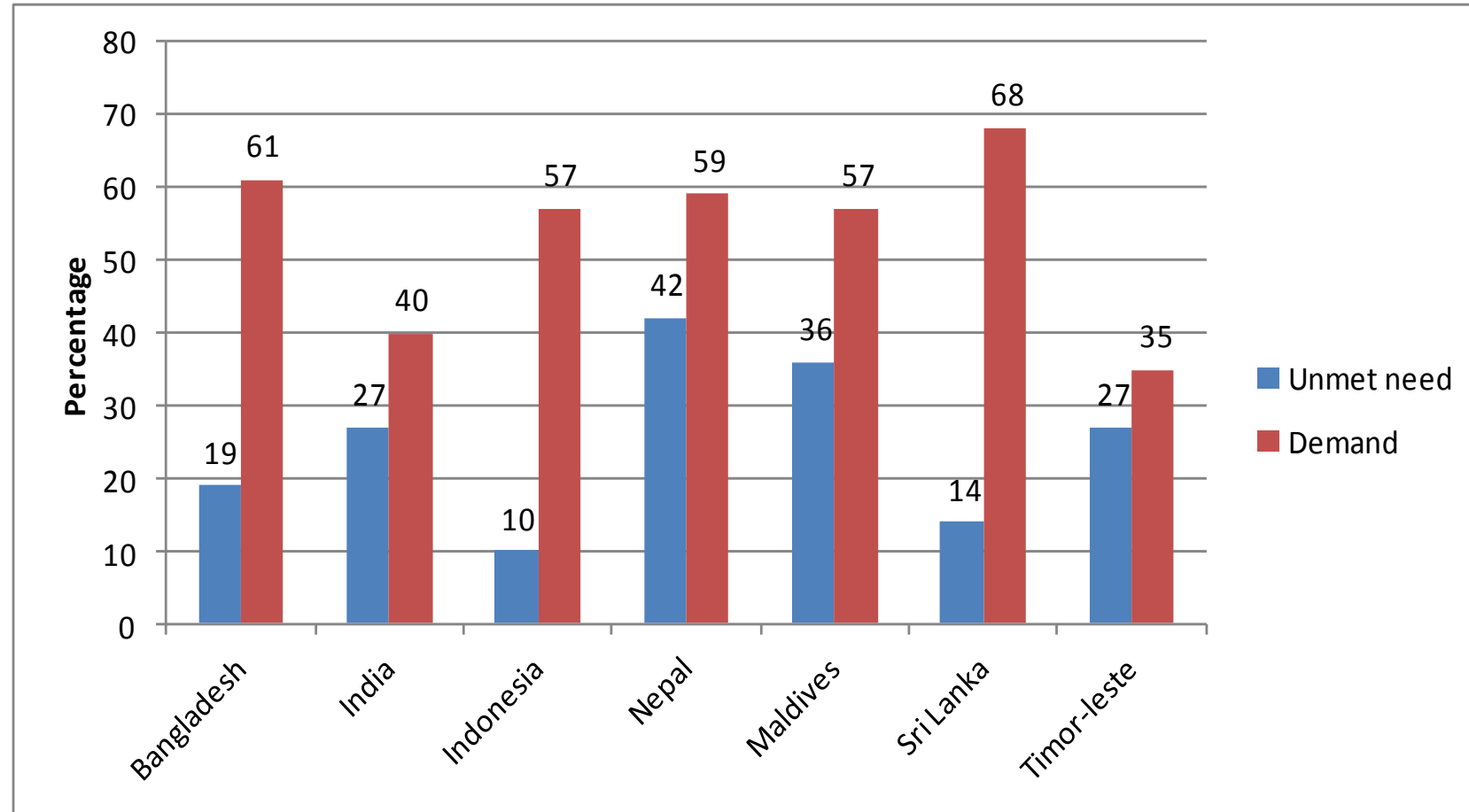
Contraceptive use remains low



Source: Bangladesh DHS 2007; India NFHS-3 2005-06; Indonesia DHS 2007; Nepal DHS 2011; Sri Lanka DHS 2006-07; Timor-Leste DHS 2009; Myanmar FRHS 2007, Bhutan Living Standards Survey 2007; Maldives DHS 2009

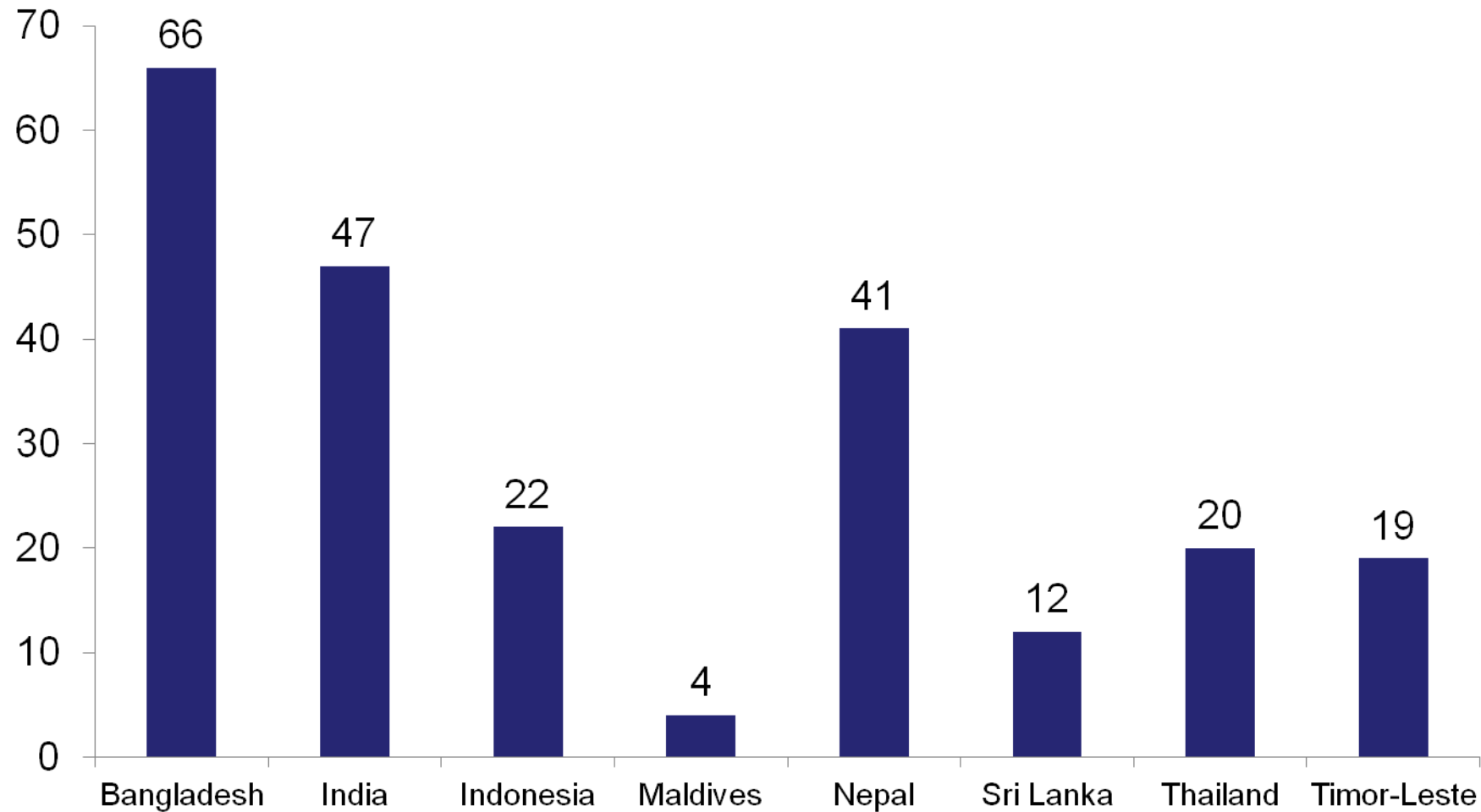
Unmet Needs of Contraception are high

Demand and unmet need for contraception among adolescents aged 15-19



Source: Bangladesh DHS 2007; India NFHS-3 2005-06; Indonesia DHS 2007; Nepal DHS 2011; Sri Lanka DHS 2006-07; Timor-Leste DHS 2009; Maldives DHS 2009

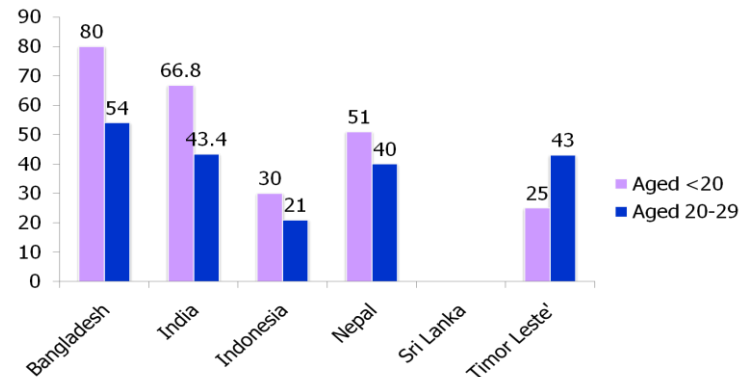
Early childbearing follows early marriage: Percentage of women aged 20-24 years married by 18 years of age



Sources: Bangladesh DHS 2007, India NFHS-3 2005-06, Indonesia DHS 2007, Maldives DHS 2009; Nepal DHS 2011, Sri Lanka DHS 2006, Thailand -Thailand Multiple Indicator Cluster Survey 2005 – 06, Timor- Leste DHS 2009-10

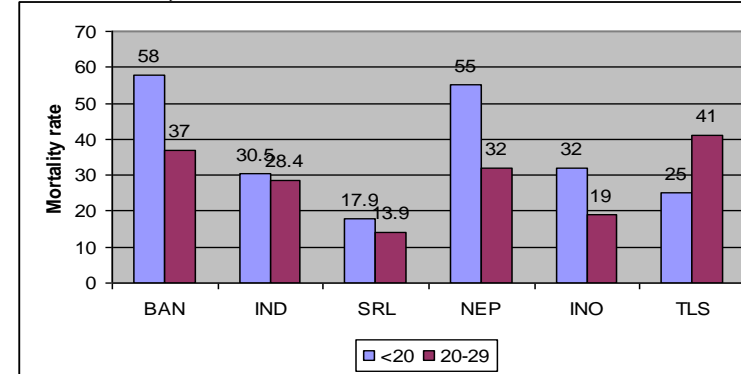
Adverse outcome - Mortality

Perinatal mortality by mother's age at birth, adolescents vs. women 20-29



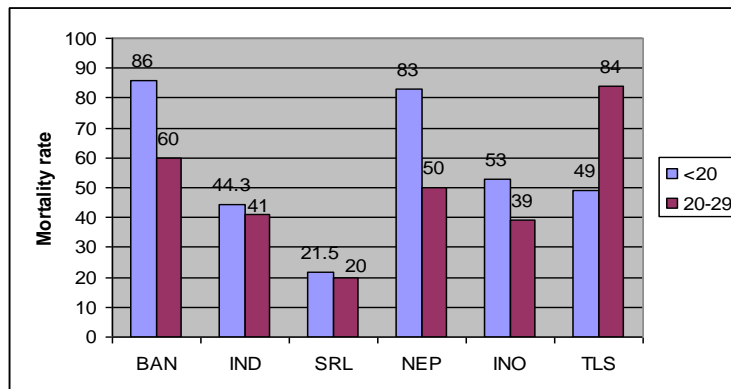
Source: Bangladesh DHS 2004; India NFHS-3 2005-06; Indonesia DHS 2002-03; Nepal DHS 2006; Sri Lanka DHS 2000; Timor-Leste DHS 2003

Neonatal mortality rates by mother's age at birth, adolescents vs. women 20-29



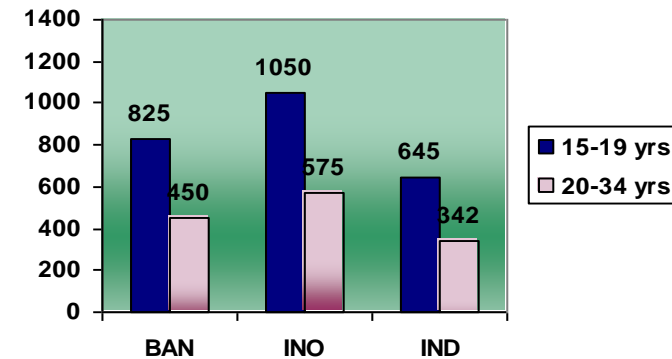
Source: Bangladesh 2004, India NFHS-3, Sri Lanka 2000, Nepal 2006, Indonesia 2002-03, Timor-Leste 2003. Demographic and Health Surveys of countries (Fact Sheets)

Infant mortality rates by mother's age at birth, adolescents vs. women 20-29



Source: Demographic and Health Surveys of countries (Fact sheets)

Maternal Mortality per 100,000 women, by Age



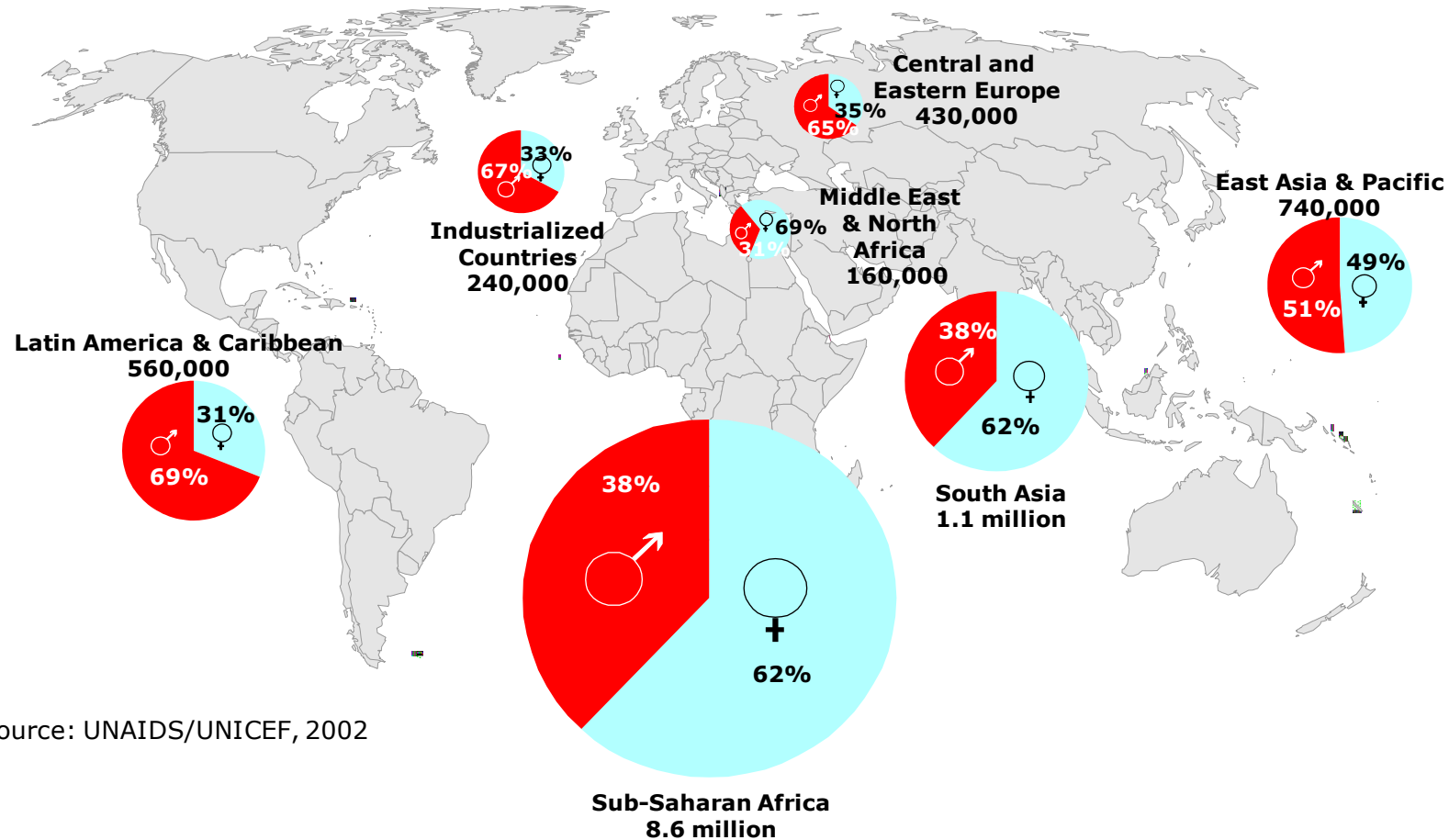
Source: Safe Motherhood 1998; For India Krishna 1995

How many unsafe abortions occur in adolescents ?

- Globally, about 3.2 million unsafe abortions occur every year among girls aged 15-19 years – most in developing countries. (2008 estimates)
- Unsafe abortions contribute to maternal mortality in adolescents as well as to lasting health problems in many of those who survive.

Public health rationale: morbidity

There are over 10 million young people (15-24) living with HIV/AIDS



Source: UNAIDS/UNICEF, 2002

Reproductive Health Commodities that enable -

- **Safe sex:** barrier contraception; family planning (including for infertility); STI diagnosis and treatments
- **Safe conception:** prevention of HIV transmission
- **Safe abortion:** devices; treatments
- **Safe pregnancy:** supplements; malaria diagnosis and treatment
- **Safe delivery:** devices; prevention and treatment of maternal and neonatal infection.
- **Safe mother and infant:** post partum family planning

What adolescents - need & why?



- **Information & skills**
(they are still developing)
- **Safe & supportive environment**
(they live in an adult world)
- **Health & counselling services**
(they need a safety net)



Priority Interventions

- Adolescent nutrition; iron and folic acid supplement
- Facility based adolescent reproductive and sexual health services (Adolescent health clinics)
- Information and counselling on adolescent sexual reproductive health and other health issues
- Menstrual Hygiene
- Preventive health checkups

Coverage targets for Adolescent health interventions for 2017

- Reduce anaemia in adolescent girls and boys (15-19 years) at an annual rate of 6% from the baseline of 56% and 30% respectively (NFHS 3)
- Decrease the proportion of total fertility contributed by adolescents (15-19 years) at an annual rate of 3.8% per year from the baseline of 16% (NFHS 3)
- Reduce the unmet need for FP among eligible couples, married and unmarried, at an annual rate of 8.8% from baseline of 21% (DLHS 3)
- Increase the met need for modern family planning methods among eligible couples at annual rate of 4.5% from a baseline of 47% (DLHS 3)



Increase use of contraception



POLICY-LEVEL ACTIONS

- Legislate access to contraceptive information and services
- Reduce the cost of contraceptives to adolescents (conditional recommendation)

INDIVIDUAL, FAMILY & COMMUNITY-LEVEL ACTIONS

- Educate adolescents about contraceptive use
- Build community support for contraceptive provision to adolescents
- Enable adolescents to obtain contraceptive services
- Interventions included health system improvements, and community and stakeholder engagement

Increase use of skilled antenatal, childbirth, and postpartum care



POLICY-LEVEL ACTIONS

- Expand access to skilled antenatal, childbirth, and postnatal care
- Expand access to Basic and Comprehensive Emergency Obstetric Care

INDIVIDUAL, FAMILY, & COMMUNITY-LEVEL ACTIONS

- Inform adolescents and community members about the importance of skilled antenatal and childbirth care

HEALTH SYSTEM-LEVEL ACTIONS

- Ensure that adolescents, families, and communities are well prepared for birth and birth-related emergencies
- Be sensitive and responsive to the needs of young mothers and mothers-to-be
- Interventions included home visits to adolescent mothers and a cash transfer scheme contingent upon health facility births



Reduce unsafe abortion

POLICY-LEVEL ACTIONS

- Enable access to safe abortion and post-abortion services for adolescents

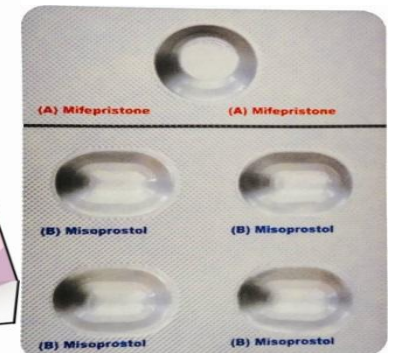
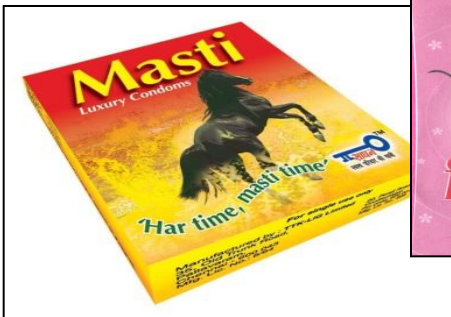
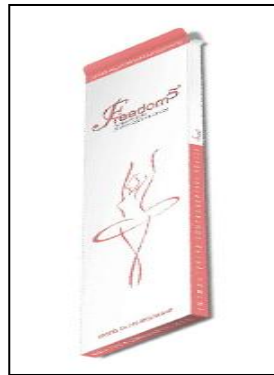
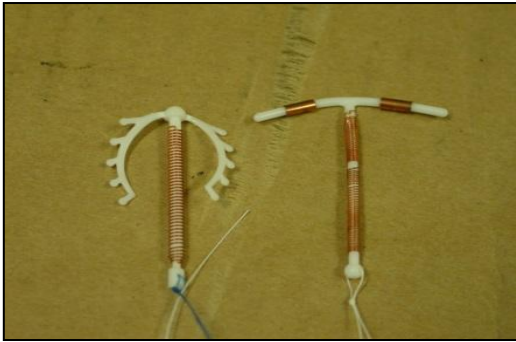
INDIVIDUAL, FAMILY, & COMMUNITY-LEVEL ACTIONS

- Inform adolescents about dangers of unsafe abortion
- Inform adolescents about where they can obtain safe abortion services, where legal
- Increase community awareness of the dangers of unsafe abortion

HEALTH SYSTEM-LEVEL ACTIONS

- Identify and remove barriers to safe abortion services

Some RH Commodities



Preventable tragedy!



Figure 4: Figure 4: Loops of gangrenous small intestine protruding from the vagina after attempted abortion, 20-year-old woman

Source: Oye-Adeniran.³⁰⁶ Reproduced with permission from *Reprod Health Matters* 2002;10: 18–21.

It is a matter of RIGHTS for adolescent girls

Thank You

