Adolescent Reproductive Health in the Pacific – practical interventions based on country experience

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ABSTRACT

The largest generation of adolescents and young people in human history demands more attention and action to improve sexual and reproductive health. There is enough evidence and country experience to guide interventions for the wellbeing of young people – this has a bearing on the future of society and future generations. As we turn to the post-2015 agenda, it is an opportunity to reposition adolescent sexual and reproductive health and rights (ASRHR) more strongly in the development agenda and address the gaps in the last 20 years. The unfinished agenda prompts action for more realistic and practical interventions in nation-wide programs.

Key words: adolescent education, sexual reproductive health, reproductive rights, sustainable development goals, youth participation

BACKGROUND

Pacific Island countries joined the rest of the world to endorse the Plan of Action of the International Conference on Population and Development in 1994.¹ The Plan of Action recognized that individual well-being is linked with sexual and reproductive health, population and development, and that reproductive health and rights, as well as women’s empowerment and gender equality, are cornerstones of population and development programmes. The call was also a breakthrough for positioning adolescent health on the global health agenda.

A focus on adolescents and young people called for international and national efforts to support educational and health service needs for adolescents to enable them deal with sexual and reproductive issues in a positive and responsible way.²⁻⁴ Pacific Island translated the Plan of Action to promote a rights-based approach in the delivery of reproductive and sexual health services, reduce violence against women, promote gender equality, reduce poverty, and protect the sexual and reproductive health of adolescents in the broader context of health and development.

The launch of the United Nations Millennium Development Goals (MDGs) in 2000, which guided national policy strategies in the Pacific Forum countries, placed amongst other health outcome indicators, the importance of investing in adolescent sexual and reproductive health.⁵ These included an enabling environment with information and services for young people to make informed and responsible choices about contraception, delaying pregnancy and deciding on family size.

The end of the MDG era in 2015 highlighted varied progress and despite the gains, interventions are still poorly accessible among young people, especially the less educated, the marginalized, and other disadvantaged groups living in remote rural communities.⁶⁻⁷

The purpose of this paper is to revisit the main issues surrounding adolescent sexual and reproductive health and rights in the Pacific Islands and to build on current efforts that aim to address
these issues. The paper proposes a set of multi-sectoral interventions for scaling up action to accelerate progress towards improved adolescent health.

Gaps

A number of reviews indicate that programmes for adolescent sexual and reproductive health in the Pacific Islands, despite significant investment, have been unequal and fragmented, resulting in services falling short of reaching target populations or they are underutilised.

Young Pacific women suffer social, economic and health consequences of unplanned pregnancy with a reported pregnancy rate of 55 births per 1,000 teenage women. Unsafe abortions in the Pacific region is estimated at 30,000 per year and young unmarried women with unplanned pregnancies often seek abortion. Contraception including emergency contraception is not easily accessible. The levels of unmet need for contraception among Pacific adolescents are generally high. In Papua New Guinea, young women are disproportionately disadvantaged with higher rates of HIV infection, domestic violence, sexual abuse and discrimination. The prevalence of gender-based violence in the Pacific is one of the highest in the world, exceeding 60% in Fiji, Solomon Islands, Kiribati, Vanuatu and Papua New Guinea.

Reproductive health services remain poorly developed in many rural communities because of prevailing influence of conservative political, religious, and cultural factors. Increasing youth unemployment fuels a range of risk taking practices that put them in risky situations – such as alcohol, drugs, unprotected sex, violence and criminal activities. Unprotected sex is the root of problems including unplanned early pregnancy leading to early motherhood, exposure to risky behavior that increases risk of sexually transmitted infections including human-immunodeficiency virus (HIV), and unsafe abortion.

While progress has been made in achieving improved reproductive health among the general population, interventions targeting adolescents and young people have been slow to achieve a larger scale and coverage. Both supply and demand factors are prevalent. At policy level there has been strong government commitment, but executing and operationalizing this commitment has been weak and poorly resourced. Small scale interventions are not sustainable and inherit difficulties in achieving a wider coverage and in reaching vulnerable groups – those living in remote islands and rural areas, the less educated, and the socially and economically disadvantaged. These groups are less able to exercise their reproductive rights and therefore are more vulnerable to poor health outcomes.

Challenges

Integration and institutionalization of adolescent health within the existing health services have met with challenges. The intensity of implementation has not been consistent for long-term sustainability. They have been largely small-scale and short-lived. For example, peer education, school-based adolescent health curriculum, out of school programmes, non-governmental organisations-based youth friendly services and other interventions implemented in various Pacific island countries have had mixed results and faced sustainability and continuity challenges.

In September, 2015, world leaders gathered at the UN Headquarters in New York and made history. They adopted the inspiring 2030 Agenda for the Sustainable Development Goals (SDGs), an ambitious blueprint that applies to every nation and aims to leave no one behind. The new 15-year development agenda aims to sustain the gains from the MDGs and to bring together multi-sectoral and multi-level efforts to accelerate development in the spirit of peace, human rights, and poverty reduction. Engaging adolescents is a strong focus of this development agenda.

Opportunities

- Call for action - Step up Adolescent Sexual and Reproductive Health

The importance of reproductive health is well recognized, not only to improve women’s chances of surviving pregnancy and childbirth, but also to contribute to related issues such as gender equality, adolescent empowerment, improved maternal and child health, improved response to HIV, greater education outcomes and poverty reduction. The transition from the MDGs to the SDGs provides a strategic opportunity to scale-up cost-effective interventions within the framework of the SDGs.
Investing in adolescent health and development is key to improving survival and wellbeing, and critical for the success of the post-2015 development agenda. A number of approaches are recommended and propose actions relevant to the Pacific context and settings. Programmes for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.

To accelerate progress towards achieving improved adolescent health in the framework of the SDGs, efforts to address reproductive rights and SRH must be guided by the principles of universal human rights, gender equity and social equality. The most powerful actions for adolescent health and wellbeing are inter-sectoral, multilevel, and multicomponent and engage and empower young people themselves to be part of change and accountability mechanisms.

Support for adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. Information and services should be made available to help them understand their sexuality and protect them from unwanted pregnancies, unsafe abortion, sexually transmitted infections and subsequent risk of infertility. This should be combined with the education of young men to respect women’s rights and self-determination and to share responsibility with women in matters of sexuality and reproduction.

**DISCUSSION**

Four key action areas are proposed to best promote and protect adolescent sexual and reproductive health in the Pacific. They are complementary and intersecting and should involve the participation of young people. Pacific nations have the opportunity to review their current situations, and build national programs based on what interventions work best in their own settings. ASRHR programmes must develop to become large scale and sustainable. This requires greater attention and investment.

1. **Creating an enabling environment for Adolescent Sexual Reproductive Health Rights**

Children and adolescents spend the greatest amount of time at home and schools; therefore parents and teachers must provide the enabling environment that builds trusting relationship for information sharing, communication, mentoring and counseling. Programmes to support parents, guardians and teachers are required. Churches, NGOs and community support groups play a critical role in this process. Programmes should also empower young people so that they can exercise their human rights, with special attention given to younger adolescents, 10-14 years of age.

2. **Comprehensive Sexuality Education**

Children and adolescents need to build knowledge, skills and attitudes on gender norms, power imbalances, traditions and practices, respect for people in line with traditional structures. Comprehensive Sexuality Education (CSE) should start as early as the beginning of primary school and integrated into standard school curriculum. This requires that teachers training institutions teach CSE for pre-service teachers while practical arrangements are made for in-service teachers. CSE should reach all adolescents, including the most vulnerable and marginalised. In countries where primary school enrolment is low, CSE programmes for out-of-school should be developed to engage churches, NGOs and other community-based institutions. CSE should strongly address gender based violence and other forms of violence. This is particularly relevant in the Pacific where the prevalence of gender violence is one of the highest in the world.

3. **Adolescent Health Services and Demand Creation**

Programmes must address both establishing adolescent services and creating demands for services. Increased adolescent uptake of SRH services has been shown to include a combination of training and support of health workers; improving adolescent-friendliness of health facilities; and information outreach through multiple channels. The relevance of innovative initiatives such as school-based clinics can be explored in schools that will also develop and teach CSE.

4. **ASRHR as an integral part of SDGs programmes**

ASRHR programs must be implemented on a large
national scale as part of government programmes within the framework of SDGs. Large-scale programmes can facilitate collaborative work across sectors to gain greater impact. Increased utilization and greater demands for adolescent health services will occur if education and empowerment programmes for change behaviours are also implemented. Investment in girls’ education has been shown to lead to better reproductive health outcomes, such as more use of contraception, delay in sexual activity and pregnancy, more antenatal visits, and giving birth in a health facility.5

CONCLUSION

In summary the key action areas outlined above should link sexuality education and sexual and reproductive health (SRH) services; build awareness, acceptance, and support for youth-friendly SRH education and services; and address gender inequality in terms of beliefs, attitudes, and norms; and target early adolescents where appropriate. Implementers should adopt some key principles for improved results such as: adolescent-focused, political support, community participation, multi-sectoral engagement, partnerships, results-based and working towards sustainability.

REFERENCES:


