



Discord and Disruption

2019 Global Trends Report

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Technology. Education. Engagement. Non-judgmental Services (TEENs): How Canada Can Support the SRHR Needs of Adolescents

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Issue

More than half of the world's 1.2 billion adolescents do not have adequate knowledge of, or access to services relating to, their sexual and reproductive health and rights (SRHR) (United Nations Children's Fund [UNICEF] 2018a). Given that one in every six persons globally is an adolescent, investing in their health is an investment in a sustainable future. Through Canada's Feminist International Assistance Policy (FIAP), the SRHR priorities of adolescents can be more effectively addressed

Background

Key Terms

An adolescent is defined as a person between the ages of 10 and 19. Those aged 15 to 24 are defined as youth. Both adolescents and youth are subsets of young people who range from 10 to 24 years in age (UNICEF 2018b).

According to the United Nations Population Fund (2014), the SRHR of adolescents can be supported by “providing access to *comprehensive sexuality education; services to prevent, diagnose and treat STIs; and counselling on family planning*...it also means *empowering young people to know and exercise their rights — including the right to delay marriage and the right to refuse unwanted sexual advances.*”

Why Support Adolescents

Adolescents today have greater access to opportunities than previous generations, as is evidenced by their tendency to marry and bear children later in life, stay in school longer, and their wider access to internet and mobile devices. They are more likely to engage in sexual activity earlier, often before marriage (Lloyd et al. 2005). At this sensitive stage in their lives, they face significant risks to their SRHR. These risks are highly gendered in their nature, causes and consequences.

The United Nations Secretary-General recognizes that young people are at the heart of the sustainable development agenda, and are key to building inclusive and peaceful societies (Steiner 2017). Investing in the health of adolescents will not only improve their current quality of life but will lead to healthier lifestyle choices in their adult lives, and ultimately, enhanced health outcomes for future generations (Patton et al. 2016).

Scope

AIDS is the second most common cause of adolescent mortality in the world, with an adolescent between the ages of 15 and 19 becoming infected every minute (UNICEF 2016). An estimated 18 million adolescent girls give birth every year, mostly in low- and middle-income countries (World Health Organization 2014).

Approximately 60 percent of sexually active adolescent girls aged 15 to 19 do not have access to contraception, and meeting this need would reduce six million unintended pregnancies annually, thus avoiding 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths (Darroch et al. 2016).

Alignment with Canada's Priorities

Canada supports the goal of ensuring that every pregnancy is wanted, every birth is safe, and every girl and woman is treated with the dignity and respect she deserves (Global Affairs Canada [GAC] 2017a).

In 2017, Minister of International Development and La Francophonie Marie-Claude Bibeau announced \$241.5 million in funding for multiple SRHR projects. This allocation was a component of the \$650 million that the federal government committed to spending over three years to address gaps in SRHR funding in the world, in order to better support the empowerment of women and girls (GAC 2017b). SRHR greatly contribute to gender equality and better maternal, child, and adolescent health. Thus, addressing SRHR funding gaps for adolescents will contribute to future development and stability. Supporting the SRHR of adolescents aligns with and reaffirms Canada's commitments to multiple international initiatives such as Every Woman Every Child, the Ouagaoudou Partnership and She Decides.

Additionally, Sustainable Development Goal 3.7 calls for universal access to sexual and reproductive health care services, and Goal 5.6 calls for universal access to sexual and reproductive health and reproductive rights (United Nations n.d). By investing in the SRHR needs of adolescents worldwide, Canada has the opportunity to become a global leader in the pursuit of these critical sustainable development targets.

Challenges

Intersectionality of SRHR: The barriers to SRHR services and knowledge faced by adolescents are intersectional in nature, characterized by geographic location, cultural and religious contexts, socially acceptable norms, and stigma surrounding sexual activity among young people. Additionally, a lack of data about these issues makes effective planning even more complicated. There is no "one size fits all" approach to providing SRHR support to adolescents in different regions. Any initiatives

that Canada supports must reflect the intersectional nature of SRHR issues in the local context.

Legal frameworks of states: Many countries are signatory to international agreements which affirm the non-discriminatory provision of SRHR services as a part of their national health care strategies. Despite these commitments, domestic laws often discriminate against members of marginalized communities, such as LGBTQI persons or unwed young mothers. Illuminating this trend is the fact that in many countries, adolescents are legally required to obtain their guardian's permission prior to accessing essential SRHR services. For example, in Zambia, homosexuality is a criminal offence. Thus, though the current National Aids Strategic Framework of the country calls for SRHR services to be provided to the LGBTQI community, many members of the community refrain from accessing these vital services due to a legitimate fear of being reported or arrested (Nenguke 2018). In such cases, the Canadian government should partner with grassroots organizations that provide judgement-free SRHR services to everyone.

Opportunities

Canada can effectively support the SRHR of adolescents through technology, education, engagement, and the provision of non-judgmental services (TEENs).

Technology

With the increased usage of mobile and internet technologies in recent decades, the use of digital delivery mechanisms for SRHR programming has shown promise. Digital platforms have the ability to overcome barriers to traditional health services such as long waiting times, a perceived or real absence of privacy or confidentiality, stigma, and provider biases (Starrs et al. 2018). Additionally, young people prefer to receive SRHR information via mobile phones and the internet as it is convenient, private, and popular among their peers. Digital media programs, especially text messaging, are quite cost effective (Ippoliti and L'Engle 2017). While this is a relatively new delivery mechanism that requires further research, many organizations have reported positive results from using digital SRHR programs. For example, Girl Effect is non-profit organization funded by multiple international entities such as the Bill and Melinda Gates Foundation, UNICEF, and the Government of Australia. It empowers adolescents through multiple platforms such

as television dramas, radio shows, music, storytelling, magazines, and community clubs in 66 countries, reaching 22 million users every year (Girl Effect n.d.). Such programs are an excellent medium to impact the lives of millions of adolescents, and Canada should make use of this opportunity by supporting the implementation of similar initiatives.

Education

There is increasing evidence that supports the argument that comprehensive sexuality education can help young people make informed, healthier choices. Comprehensive sexual education programs provide adolescents with age-appropriate, culturally relevant, and scientifically accurate information. They have also been shown to delay sexual debut, reduce the frequency of unprotected sexual activity, and decrease the number of sexual partners that an adolescent will have (United Nations Educational, Scientific and Cultural Organisation 2009).

By partnering with organizations that facilitate the implementation of sexuality education programs at the community level, Canada can effectively support the SRHR of adolescents both in and out of school. Thus, Canada must continue to support organizations such as Women Deliver, who train and provide young leaders with opportunities to promote sexuality education locally.

Engagement

Adolescent engagement in SRHR programming: As adolescents become aware of their sexual and reproductive health needs, they rely on their families, friends, and health service providers for affirmation, information, and advice. To ensure that they make informed choices, they must have access to correct SRHR information. Adolescents have unique health needs, and engaging adolescents as stakeholders in policy making and program design is the best way to understand their SRHR needs and ensure that the policies reflect their lived realities.

Including adolescents and young people in program delivery provides them with a sense of ownership and increases their sense of responsibility, thus enhancing their engagement with the program. Adolescents have a unique perspective on societal issues and can greatly improve the scope, attractiveness and relevance of SRHR advocacy (Evelo 2018). With this in mind, Canada must invest in the leadership skills of adolescents by ensuring their

engagement as stakeholders in SRHR initiatives. This investment will effectively support the SRHR of adolescents by allowing them to become advocates for their own SRHR as well as the SRHR of their peers.

Engaging adolescent boys: The FIAP reflects the importance of engaging boys to become advocates for gender equality. The Canadian government should support organizations that engage and educate adolescent boys about SRHR as the benefits elicited will be threefold. First, the health of adolescent boys will improve. Second, the health of their partners will improve. Finally, since most societies are patriarchal in nature, engaging adolescent boys to become advocates for gender equality will ensure that they make well-informed decisions for the next generation of daughters and wives in their roles as fathers, husbands, and community and religious leaders.

In many countries, boys are conditioned to believe that dominance towards girls and women is part of being a man. Due to ill-informed notions of masculinity, adolescent boys are:

- less likely to get tested for AIDS;
- less likely to use condoms;
- less likely to reduce their number of sexual partners; and
- More likely to infect other sexual partners, especially girls, as they represent 75 percent of the current cohort of adolescents living with AIDS (The Joint United Nations Programme on HIV and AIDS 2015).

Through various interventions, boys and young men can be encouraged to reflect upon and discuss issues surrounding masculinity, relationships, and sexuality. Such engagement has the potential to contribute to the deconstruction of the hyper-masculine norm from a young age.

For example, MenCare+ is an initiative that aims to engage men aged 15 to 35 as equitable partners in maternal, newborn and child health, SRHR, caregiving, and violence prevention (Rutgers International and Promundo 2016). The program has achieved positive results in changing the attitudes and behaviours of boys and men in many countries.

Similarly, the Indian Parivartan Program, which ran between 2008 and 2012, trained cricket coaches and community mentors to be role models and introduce

messages against gender-based violence into their normal contact with young male cricket players (both in and out of school) ages 10 to 16. At the end of the program, participants demonstrated a greater positive shift in gender attitudes compared to non-participants (Das et al. 2012).

Based on the aforementioned evidence and the goals of the FIAP, Canada should invest in SRHR programming for adolescent boys, thereby enabling them to care for their own health, and to become advocates for the health of girls.

Judgement-free SRHR services

Well-designed SRHR programs may fail to produce expected outcomes if the delivery mechanisms do not meet the adolescents' needs. The stigma associated with utilizing these services, especially for young unmarried adolescents, often prevents them from accessing these services altogether. Adolescents are more likely to access services that are provided in a non-judgmental and confidential manner (Chandra-Mouli, Lane and Wong 2015). Thus, it is imperative that any SRHR programs that Canada invests in provide services in a confidential and non-judgmental fashion.

Funding

While some proposed initiatives have the potential to be funded through the current three-year funding package, Canada should consider implementing a long-term funding plan to more substantially address the SRHR needs of adolescents around the world.

The 2018 Federal budget allocated \$1.8 million to explore engagement opportunities domestically for boys and men to become advocates for gender equality (Omar 2018). Canada should employ a similar strategy in international assistance. Canada should allocate a separate funding package to support adolescents specifically. For example, in 2017, a group of Canadian organizations collaborated to create the Future Planning Initiative, which proposes a 10-year, \$4.25 billion plan to support the SRHR of 18 million adolescents and women globally. Supporting this initiative would position Canada as an international leader in the empowerment of women through SRHR (The Canadian Association of Parliamentarians on Population and Development 2017).

Recommendations

Canada should expand the eligibility requirements for the next call for proposals associated with the current SRHR funding package to include that partner organizations:

- Adopt a “Nothing About Adolescents Without Adolescents” policy. Partner organizations must engage adolescents as key stakeholders in program design and implementation. Adolescents best know what they need, and therefore programming that includes their opinions and caters to their needs will have a greater likelihood of achieving positive results.
- Train SRHR service providers to deliver stigma-free, non-judgmental and confidential services. When adolescents trust their service providers, they are more likely to access these services, thus enabling them to make informed decisions.

Canada should support organizations that utilize mobile and digital media technology to engage millions of adolescents, including out of school and vulnerable populations. Canada should continue to partner with organizations that provide sexuality education at the community level to ensure that adolescents have access to age-appropriate, scientifically correct information.

Canada should partner with organizations that provide SRHR programming to adolescent boys. Adolescent boys need targeted SRHR programs that deal with issues of toxic masculinity and what it means to be a man. This would lead to better SRHR of all adolescents, as boys will take charge of their partners', sisters' and daughters' health, and become advocates for gender equality.

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