EDITORIAL

Adolescent Sexual and Reproductive Health: From Fallen Heroes to Future Leaders

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Many stories can be found around the world where intelligent and ambitious adolescents, who desire higher education never, attend school for various reasons. Poverty, social circumstances, conservative and traditional thoughts, practices and expectations of parents or of a girl's fiancée are but a few of the many reasons for non-attendance at school for some adolescents. In India although legal age for marriage is 18 years, in practice many girls are still getting married before 18 years and face the consequences of teenage pregnancies particularly in states of Rajasthan, Madhya Pradesh and Uttar Pradesh [1]. It is not uncommon in some societies for the adolescent girl to become sexually active and fall pregnant either because of not using contraception or deliberately falling pregnant to 'trap' a man into marrying her for financial and other security reasons. So often the pregnant adolescent leaves school, and don't return after the baby is born resulting in a missed opportunity for the upliftment of women, their families, community and the economy.

President Nelson Mandela said at the end of his speech on 16 June 1995 [2]: "We are firm in our conviction that the youth deserves a better future."

WHO report [3] states that 95% of teenage pregnancies occur in developing countries, despite the evidence that women are marrying later, have better occupational prospects and increases in contraceptive use.

The statistics are alarming as indicated by the World Bank [4] where fertility rates amongst women 15-19 years, 2011-2014, are as follows:

Brazil: 67; Russia: 24; India: 26; and South Africa: 47. If we compare these figures with those from first world countries, the United States: 24; United Kingdom: 15 and France: 9. It raises alarm-bells. It should be borne in mind that teenage pregnancy rates vary across countries, regions within countries, across ethnic groups and amongst urban and rural communities [5].

Why focus on Adolescent Sexual and Reproductive Health (ASRH)?

Evidence suggests that preventing teenage pregnancies have implications for public health, the economy, child and maternal mortality to mention a few. The question therefore should not be 'should we focus on ASRH' but rather 'what needs to be done to encourage widespread acceptance of the significance of ASRH'?

It is estimated that globally 3 million unsafe abortions occur annually, placing an enormous burden on the already stretched public health system in developing countries [6]. This figure directs our attention to the fact that although contraceptives may be available, they may be expensive, not readily available, adolescents may not know how to use them correctly or healthcare workers attitudes prevent them from visiting

facilities where contraceptives are available [7]. In addition, the commonly-held belief pervades that abstinence should be practiced by adolescents, despite the evidence that the initiation of sexual activity does not always occur after marriage.

It is not uncommon for the first sexual encounter to occur during adolescence, heightening the risks of unplanned and unwanted pregnancies and sexually transmitted infections (STI's), most notably HIV.

Adolescence as a developmental stage needs to be understood if we are to make headway in educating and empowering this population. This period, which lasts roughly for a decade, should in our minds be the most exciting time for adolescents. But the developmental tasks of forming an identity, physical and emotional withdrawal from significant adults, the need and desire to fit in and belong, lack of life experience in making important decisions like career choice, whether to have sex or not, can be overwhelming, difficult and frightening [8].

Add to this the feeling of invincibility and the risk-taking behaviour and we have a recipe for disaster-teenage pregnancy, substance abuse, HIV and other sexually transmitted infection, physical injury, legal infringements and so on.

The obvious points of departure to address this mammoth task are already in place-conventions (such as the UN Convention on the Rights of the Child) legislations and policies and procedures both nationally and globally. The not-so-obvious strategies and practices, including the specialised training of healthcare workers on Adolescent- and Youth-friendly services and a culture where life-skills training, including ASRH, are embraced by all adults in society [9]. These would of necessity include educators, religious and traditional leaders, political figures, healthcare workers and parents [10].

Despite both International and local legislation related to ASRH, the implementation of programmes and refining of strategies to address this challenge fall short of making significant impact. Area of neglect which needs to be addressed more aggressively when dealing with ASRH, includes but are not limited to the role of males in relationships and parenting and gender equality. The impact of tradition on gender roles and responsibilities must be an integral part of ASRH. Included in ASRH, which incidentally is a form of life-skills training, should be the values, that delaying parenthood can have: improved health, economic status, social status (by way of obtaining education and a profession), etc. The challenge lies in balancing tradition with the rights of adolescents and youth of both sexes.

Prioritising ASRH and Associated Rights (ASRHR) are pivotal in global progress, financial and social development, and improvements in public health [11].

Rights mean very little if we, the adults in the society, do not educate our young people about their responsibility to uphold and enforce those rights. Moreover, the adults need to respect and uphold those rights. It is not uncommon for a healthcare worker to relegate the rights of young people to the background as a result of those rights being in conflict with their personal values and beliefs.

The question is: would it not be better for the adolescent if she was safe from STI's and possibly an unwanted pregnancy?

Or would it satisfy the adult that he or she stood firmly by his or her values and beliefs but by implication enabled an unwanted and unplanned pregnancy?

This is difficult, but the specific role of a health professional, to provide age-specific and appropriate information to enable the adolescent to make an informed decision to remain safe and prevent unwanted pregnancies must be a priority.

A study carried out in South Africa by Beauclair and Delva [12] indicates that adolescents engage in age-disparate relationships for both financial and emotional support. Age-disparate relationships are correlated with many unhealthy practices, including non-condom usage, violence and concurrent partners and with this, the transmission of HIV and other STI's.

It is plausible that in age-disparate relationships the adolescent lacks agency with regard to her SRH due to her boyfriend's attitude to condom usage. Another reason could be that the adolescent may not be aware of the Sexual and Reproductive Health (SRH) services available, particularly in rural communities, where condoms and other forms of contraceptives may or may not be available [13]. Another factor to consider is that the adolescent may know that contraceptives are available at the local public health facility but fears the attitude of the healthcare workers and hence refrains from accessing the service. A study by Rosenbaum *et al* [14] indicates that adolescents are less likely to use condoms if the boyfriend is the primary source of financial support.

Failure of an adolescent to return to school after her baby is born could be as a result of traditional values and beliefs that a mother should take care of her baby and that the realm of professional work is that of the male. In addition, the adolescent mother may not pursue her career because she is now financially dependent on the baby's father for the maintenance and support of the baby and her needs, and hence feels that she must take 'instruction' from the father to stay home or would lose his support. The possibility of inter-partner violence may also occur in age-disparate relationship, which may force the young mother to remain in an unhealthy and oppressive relationship.

These are a few of the issues that adolescents may be facing. This alerts us to the many and varied occurrences and circumstances in adolescents' lives which may make sense out of their behaviours which healthcare workers may misinterpret as difficult, defiant, 'stupid' and disrespectful [8].

Activities that may intervene in improving ASRH may include:

- identifying if the adolescent has a stable 'family' environment and social and financial support [15];
- equipping and training healthcare workers on adolescent- and youth-friendly services [8]; reducing the costs of contraceptives;
- providing comprehensive life-skills and SRH training specifically sexuality, including negotiation skills for condom use through schools, youth groups and religious institutions[10];
- exposing adolescent and young females to advantages of pursuing a career and the accompanying economic and personal benefits;
- educating caregivers on the value and importance of ASRH;
- aggressive drives to engage both young males and females in areas of gender equality, choosing to take responsibility for their health and a prosperous future;
- fostering a community value-system that recognizes and respects the rights of adolescents [11]

The implications of neglecting ASRH are severe. In developing countries where the public health sector is already under tremendous pressure, the challenges for adults are to adopt progressive methods of communicating and educating our adolescents and youth on ASRH. Given that adults in society are the gatekeeper to ASRH [16], the responsibility for the adults in society cannot be emphasized enough to create the environment that

fosters responsible SRH amongst this vulnerable group: our youth. The balance between cultural and societal expectations and norms with regard to gender and the absolute necessity to educate and empower our future leaders about ASRHR is no easy task. Given the difficulty for the adults, the need to address their challenges on the topic is essential.

In short the strategies and actions capacitating and empowering adolescents and young people, both male and female, to make informed choices is of paramount importance so that they are not fallen heroes but take up their rightful place as leaders in society: prosperous, respectable and respectful leaders!

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