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Commentary

Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights?

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A B S T R A C T

The International Conference on Population and Development in Cairo in 1994 laid out a bold, clear, and comprehensive definition of reproductive health and called for nations to meet the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. In the context of the ongoing review of the International Conference on Population and Development Programme of Action and the considerations for a post-2015 development agenda, this article summarizes the findings of the articles presented in this volume and identifies key challenges and critical answers that need to be tackled in addressing adolescent sexual and reproductive health and rights. The key recommendations are to link the provision of sexuality education and sexual and reproductive health (SRH) services; build awareness, acceptance, and support for youth-friendly SRH education and services; address gender inequality in terms of beliefs, attitudes, and norms; and target the early adolescent period (10–14 years). The many knowledge gaps, however, point to the pressing need for further research on how to best design effective adolescent SRH intervention packages and how best to deliver them.

The concepts of sexual and reproductive health (SRH) and of reproductive rights were adopted for the first time by governments under the aegis of the United Nations at the International Conference on Population and Development (ICPD) in Cairo in 1994. ICPD laid out a bold, clear, and comprehensive definition of reproductive health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" [1]. The ICPD Programme of Action (PoA) was forward looking in many areas of SRH and rights and notably in relation to adolescents and young people. It called for "meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality." It also stressed that reproductive health services should be made accessible through primary health care systems to individuals of all appropriate ages, including adolescents, as soon as possible and no later than the year 2015 [1]. At the ICPD and its 5-year review in 1999, governments recognized that investing in the health of adolescents is important not only for the well-being of adolescents but also for the current and future well-being of

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communities and societies. Confirming the critical importance of adolescent sexual and reproductive health and rights (ASRHR), the Commission on Population and Development in 2012 issued some of the strongest language on the reproductive rights of young people to emerge from a global intergovernmental negotiation. Key points of the final resolution included the right of young people to comprehensive sexuality education (CSE), to decide on all matters related to their sexuality; access to SRH services, including safe abortion where legal, that respect confidentiality and do not discriminate; and the protection and promotion of young people's right to control their sexuality free from violence, discrimination, and coercion [2].

In 2014, the international health and development community is reviewing 20 years of progress made in implementing the ICPD PoA, and in 2015, a new set of sustainable development goals will be established for a post-2015 development agenda. New global agendas will be set, which will shape funding decisions and country programs for several years. There are calls by some stakeholders for a stand-alone goal on adolescents and youth in the post-2015 agenda, whereas the General Assembly's Open Working Group on Sustainable Development Goals, among others, has indicated that youth concerns need to be reflected across goals. There are also strong calls for adolescents and young people to take an active part in shaping and monitoring this agenda. This article reviews what progress has been made in addressing ASRHR as defined by the ICPD PoA and provides important ways forward given the upcoming Sustainable Development Goals 2030.

Rationale for addressing adolescent sexual and reproductive health and rights

While adolescents generally enjoy good health compared with other age groups, they face particular health risks, which may be detrimental not only for their immediate future but for the rest of their lives. Estimates and data clearly show that adolescent ill health and death constitute a large portion of the global burden of disease and, therefore, need special attention. The health of adolescent girls and particularly their SRH is of particular concern for a number of reasons:

1. Adolescents account for 23% of the overall burden of disease (disability-adjusted life years) because of pregnancy and childbirth [3]. An estimated 16 million births annually occur to young women aged 15–19 years, representing 11% of all births [4]. Almost all (95%) of adolescent births take place in developing countries and 18% and 50% of births annually in Latin America and sub-Saharan Africa, respectively, occur during adolescence [5]. Approximately 2.5 million births occur to girls aged 12–15 years in low-resource countries each year of which around a million births occur to girls younger than 16 years in Africa [6].
2. Early childbearing is linked with higher maternal mortality and morbidity rates [7–9] and increased risk of induced, mostly illegal and unsafe, abortions [10]. Maternal causes constitute the leading cause of death among adolescent females [3,11]. An analysis of data from 14 countries in Latin America for the period 1985–2003 found that girls aged under 16 years have four times higher risk of dying in pregnancy or childbirth than women aged 20–24 years [12]. Adolescent pregnancy is independently associated with increased risks of low birth weight, preterm delivery, severe neonatal conditions, and early neonatal death (because of the increased risk of preterm birth) [9].
3. Of the estimated 22 million unsafe abortions that occur every year, 15% occur among young women aged 15–19 years and 26% occur in those aged 20–24 years [13].
4. Gender-based violence is an all too common reality for many adolescents, especially girls. Globally, an estimated 30% of adolescent girls (15–19 years) experience intimate partner violence according to recent World Health Organization estimates [14]. Violence against women and girls increases the risk of adverse SRH outcomes including unintended pregnancy, acquisition of HIV and other sexually transmitted infections (STIs), as well as other adverse health outcomes such as the harmful use of alcohol and mental health disorders (e.g., depression) [15–17].
5. Female Genital Mutilation/Cutting (FGM/C) is a significant and widespread problem. According to recent estimates, about 125 million girls and women living in 27 African countries, Yemen, and Iran have been subjected to this harmful traditional practice [18]. An estimated 3.3 million girls are at risk of undergoing FGM/C in Africa alone every year [19].
6. An estimated one million young people aged 15–24 years are infected with HIV every year representing 41% of all new infections among those aged 15 years and older [20]. Globally, young women make up more than 60% of all young people living with HIV; in sub-Saharan Africa, the corresponding number is as high as 72% [15].

The previously mentioned data highlight the widespread and serious nature of SRH problems faced by adolescents, especially girls. There continues, however, to be significant limitations in the indicators used to gather information on the state of ASRHR [5]. Even when data are gathered, it is often not age or sex disaggregated, and thus, particular vulnerabilities and issues are sometimes hidden [21]. Nonetheless, the significant amounts of data we have are sufficient to assess where we are today, 20 years after the ICPD.

There are strong public health, human rights, and economic reasons to invest in adolescent SRH. Promoting mutually respectful attitudes between and among adolescent girls and boys in connection with sexuality as well as other healthy behaviors (e.g., reducing the harmful use of alcohol and other substances) will form the foundation for the good health of populations as adolescents become adults and for social and economic development more broadly. Investing in the health of adolescents in general can help prevent the estimated 1.4 million deaths that occur globally every year because of road traffic injuries, violence, suicide, HIV, and pregnancy-related causes in this age group. It can also improve the health and well-being of many millions of adolescents who experience health problems such as depression or anemia [22].

There is also growing recognition of the economic benefits of investing in the healthy development of adolescents and the economic costs of not doing so. Adolescents represent one fifth of the global population; healthy competent adolescents who enter the workforce can raise the economic productivity of a country. Economists stress the importance of using this "demographic dividend" to reap the benefits of having a growing cohort of working age adults relative to the dependent population for national development. However, this requires an investment in human and physical capital that enables adolescents and young people to stay healthy, get educated, and find productive and income-generating employment [23,24]. On the other hand, not