



Position paper

Sexual and Reproductive Health Care: A Position Paper of the Society for Adolescent Health and Medicine

The Society for Adolescent Health and Medicine

Background

Guiding framework

Sexual and reproductive health (SRH) is an important aspect of normal adolescent growth and development that encompasses biological sex, gender roles and identity, sexual orientation, sexual behavior, and reproduction [1,2]. Achieving healthy adolescent sexual development involves managing the many physical, social, and emotional changes experienced during adolescence. Medically accurate and developmentally appropriate SRH education and barrier-free access to related clinical services [3] contribute to successful navigation of this developmental task. In recognition of this important fact, the United Nations declared that comprehensive sexual health information and services constitute a basic right for adolescents as articulated in the United Nations Convention on the Rights of the Child [4]. To support the adolescent's right to the highest attainable standard of health, the Convention specifically identifies "the right to control one's health and body, including sexual and reproductive freedom to make responsible choices," and this right is achieved through "access to a range of facilities, goods, services and conditions that provide equality of opportunity for every child." Sociocultural context, laws, policies, and economics, however, affect access to these basic rights.

Stating the problem

Young people require access to a wide range of SRH education and clinical services to promote positive sexual development [5] and reduce adverse social, economic, and health consequences of sexual behaviors [6–8]. Compared with all other age groups, adolescents and young adults experience disproportionately high rates of preventable sexual behavior morbidities including sexually transmitted infections (STIs), human immunodeficiency virus (HIV), and unintended

pregnancy [9,10]. In addition, youth who do not conform to sociocultural norms of sexual and gender expression often do not have access to SRH services that are tailored to their needs [11,12].

Positions and Recommendations

The Society for Adolescent Health and Medicine recognizes that it is critical to address the SRH needs of young people from both a health and a human rights perspective and proposes the following positions and recommendations to improve the health of adolescent and young adult populations. These positions relate to the areas of the Society for Adolescent Health and Medicine mission.

1. Adolescents should have universal access to comprehensive SRH information and services that are evidence based, confidential, developmentally appropriate, and culturally sensitive.

Comprehensive sexuality education programs in schools and communities have been found to improve academic performance, delay and reduce frequency of sexual intercourse, reduce number of sexual partners, increase use of condoms and other forms of contraception, and reduce negative health consequences (e.g., unintended pregnancy and STIs) [13–15]. Access to services in school-based health care centers has been shown to increase SRH services and contraception use [16–18]. Delivery of behavioral health interventions using mobile technology (e.g., smartphones and tablets) to deliver behavioral health interventions has shown promising results [19,20].

Access to care and delivery of evidence-based care have been shown to improve adolescent SRH. For example, vaccination against human papillomavirus decreases cervical cancer, routine screening increases detection of asymptomatic STIs, contraceptive education addresses family planning needs, and delivery of preconception health services improves pregnancy outcomes [21–25]. Measures to increase access such as embedding health education and clinical services in nontraditional settings [26] and using mobile units for homeless youth [27] can help to reach disenfranchised youth and connect them with SRH information and related services.

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Adolescents are more likely to seek health services, disclose health risk behaviors, and return for follow-up care when confidentiality is assured [28]. Without confidentiality, adolescents may forego necessary health care, especially those teens at greatest risk [29,30]. Major health organizations have recommended that all adolescents have time alone with their clinician for confidential health discussions and services [31–33]. While the majority of adolescents report that a parent is aware of their receipt of SRH care, a significant minority would engage in less safe sexual practices if confidential care was not available [34].

Recommendations for youth-serving professionals

- 1.1 Use SRH-related educational interventions that are evidence based and effective [35]; focus on the emotional, intellectual, physical, and social aspects of youth's SRH [16]; and address physical, intellectual, social, and/or emotional challenges.
- 1.2 Consider alternative outreach strategies to ensure continuity of SRH services and improve follow-up for youth who are transient or who are otherwise unable to access mainstream services [36,37].
- 1.3 Use new evidence-based research findings and incorporate into existing SRH curriculums and interventions in a timely manner.
- 1.4 Be aware of and promote the availability of confidential SRH services to ensure that adolescents, especially those at greatest risk, do not forego needed care [29,30].

Recommendations for health care providers

- 1.5 Discuss confidentiality with patients and families during early adolescence to set expectations about the transition from childhood to adolescence. Educate about the need for adolescents to develop autonomy and assume more responsibility for their own health and health care.
- 1.6 Health care providers and health systems should ensure fidelity to policies regarding confidential SRH services in areas such as electronic health records, encounter sheets, clinical and laboratory billing practices, and receipt of explanation of benefits.
- 1.7 Professionals should be aware of the benefits and challenges of new technologies (e.g., mobile devices, personal electronic health records, and patient portals) and be ready to adopt and implement these new technologies to deliver SRH, once evidence has been accumulated to inform education and clinical care.
2. Health care providers should have the knowledge and skills to deliver SRH services that have been proven effective in clinical settings.

The onset of puberty heralds the physiologic and anatomic changes that occur concurrently with the complicated cognitive, emotional, and social development of adolescents [38,39]. By understanding the varied changes in the pubertal process, providers who care for adolescents can serve as a resource for their patients and families. In particular, special attention needs to be paid to vulnerable groups. These include lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth who are at greater risk for bullying, suicide, and substance use [40].

According to the World Health Organization's (WHO's) SRH—Core Competencies for Primary Health Care [41], a trained and competent workforce is necessary to implement policies and best practices in all settings. However, studies examining SRH providers' knowledge, attitudes, and behaviors have documented significant deficiencies [42,43], suggesting the need for improvements in SRH providers' training. Overall recommendations are listed below, with content-specific recommendations in the following sections.

Recommendations for health care providers

- 2.1 Have the knowledge and skills to address core SRH areas for all adolescents and provide services based on the most up-to-date evidence-based care recommendations.
- 2.2 Follow professional guidelines when conducting a comprehensive sexual health history, examination, counseling and education, testing and treatment [22,23,44–46].¹
- 2.3 Improve comprehensive SRH education of health care providers during graduate and postgraduate training, as well as through continuing education opportunities, by using practicum and skills-based learning experiences.
- 2.4 Offer basic SRH curriculum for all clinical and nonclinical staff in medical settings where adolescents receive care.
- 2.5 Discuss healthy relationships and screen for sexual abuse, coercion, and intimate-partner violence with all youth to help prevent and reduce harmful effects of unhealthy relationships [47].
- 2.6 Provide LGBTQ youth extra guidance and support to promote positive development and optimal health [48].

Pregnancy prevention. Risk factors contributing to teen pregnancy are complex and occur at multiple levels—the individual, family, peer/community, and social-political systems [49]. The interventions that are most effective in reducing sexual risk and preventing teen pregnancy are comprehensive and multifaceted. These include programs that help youth build upon their strengths to identify goals, develop skills, engage in and complete schooling, plan futures, and meaningfully participate in their schools and communities [6]. In addition, decades of research have shown that comprehensive education about both abstinence and contraception, in contrast to abstinence-only interventions, delays the onset of sexual behavior, reduces the number of sexual partners, and improves the use of contraceptives [6,50]. Equally important is access to confidential, safe, convenient, and low/no-cost contraceptives and family planning services that protect adolescents and their partners from unintended pregnancy as well as STIs and HIV/AIDS [6,17]. Because adolescents are at particularly high risk for inconsistent or incorrect use of contraception [51], highly effective long-acting reversible contraception (LARC) methods—intrauterine devices and contraceptive implants—are now recommended as first-line contraception for adolescents by the American College of Obstetrics and Gynecology [52]. For women of any age beyond menarche, the WHO does not place any restrictions of the use of contraceptive implants and states that the advantages of using intrauterine devices in this population generally outweigh the risks [45]. Despite significant

¹ Guidelines for the delivery of SRH may vary by state, region, or country. It is important to be aware of your local guidelines.

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