Adolescent Sexual and Reproductive Health Needs in Emergencies

IAWG Inter-Agency Working Group on Reproductive Health in Crises

A Large, Neglected Problem

Adolescents—defined by the United Nations (UN) as those between the ages of 10 and 19 years old—comprise a substantial proportion of the population globally and are among the most vulnerable in fragile and conflict settings.[7] Adolescents encompassed 23% of the population in the least developed countries, where the majority of most humanitarian emergencies occur.[8] Additionally, children under 18 years old accounted for 52% of the refugee population in 2017—up from 41% in 2009.[9] Despite the size of this population, adolescents' needs often go unaddressed in humanitarian settings, including adolescent sexual and reproductive health (ASRH) needs.[10]

Humanitarian Disasters Multiply the Needs of Adolescents

The sexual and reproductive health needs (SRH) of adolescents intensify during emergencies, as family and social structures are disrupted and existing gender imbalances between men and women are exacerbated.[9,13] Emergencies are closely associated with violence and poverty, which also compound the chance of psychological disorders and increase mental health needs for adolescents.[10]

KEY STATISTICS

- Nearly 1.2 million adolescents around the world die each year, mainly to preventable causes—such as complications from pregnancy and/or giving birth.[1] Two-thirds of these deaths occurred in the least developed countries in Africa and Southeast Asia.[1]
- Approximately 23 million girls aged 15-19 years have an unmet need for contraception, and every year approximately 3.9 million girls aged 15-19 years undergo unsafe abortions.[2]
- Globally, about 1 in 5 women aged 20-24 were married before the age of 18.[3]
- In the least developed countries, around 40% of women were married before 18, with 12% of women married before 15 years old.[4] Girls who marry before 18 years old are more likely to experience violence within the marriage than girls who marry later.[5]
- Estimates of deaths caused by direct conflicts suggest that more than 90% of all casualties occur among young adult males.[6]

For adolescent girls, these circumstances can result in higher risks of sexual abuse, exploitation, and violence, and lead to transmission of sexually transmitted infections and/or unwanted pregnancies—increasing the likelihood of unsafe abortions.[11] In addition, adolescent girls face high risk of early marriage,


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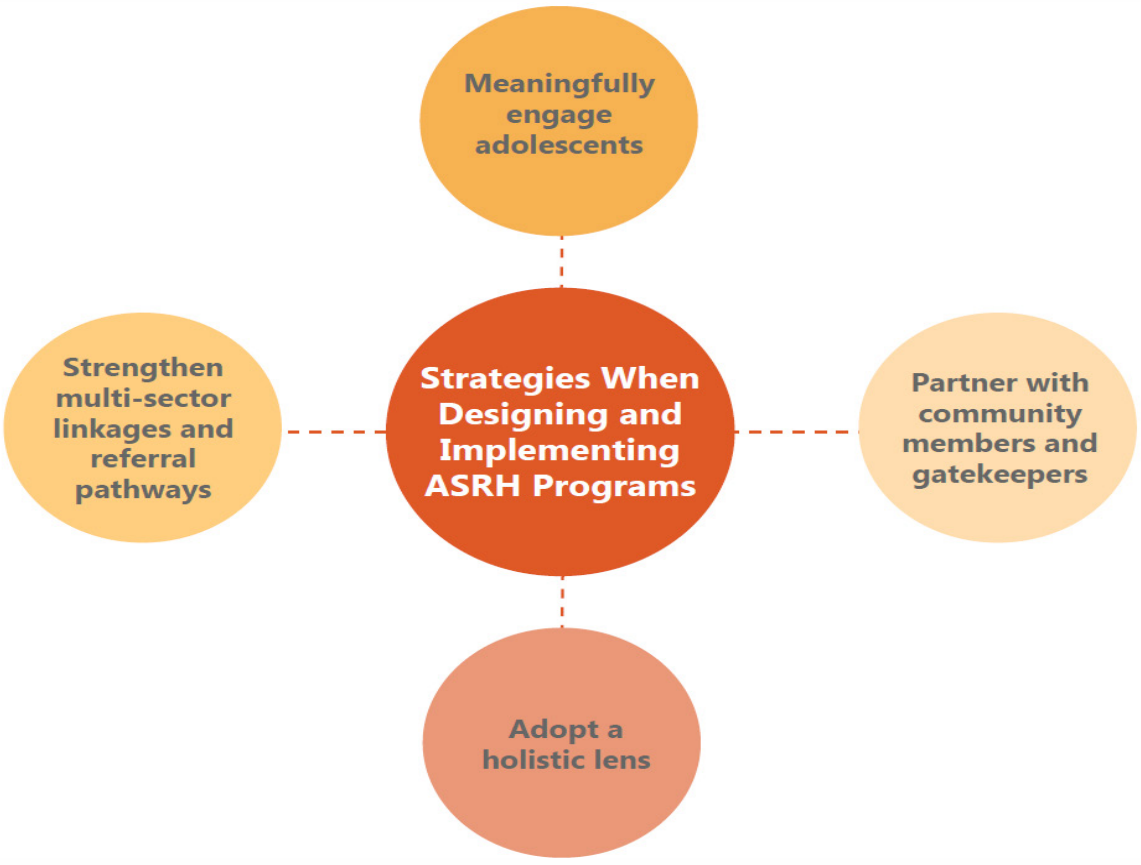
with limited access to SRH information and services.[11,12] Pregnancy and childbirth are particularly risky for adolescents in low-income settings due to a combination of inadequate nutrition, limited access to healthcare, and bodies that have not fully matured.[13] Consequently, complications from pregnancy and childbirth are the leading cause of death for 15-19 year old girls globally.[1] Additionally, in refugee settings girls struggle with menstrual hygiene management due to a lack of private water, sanitation, and hygiene facilities, as well as lacking clean water and disposal options.[14]

Adolescent boys also face particular vulnerabilities during crises, including recruitment into armed forces; human trafficking; sexual abuse, exploitation, and violence (including rape); and an increase of aggressive and risky behaviors—such as alcohol and drug use, as well as unprotected sex.[15,16] Unaccompanied boys and young men may also engage in transactional or survival sex, increasing their risk for sexually transmitted infections.[15]

What Are We Doing to Address It?

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) recognizes the need for increased prioritization of ASRH initiatives from the onset of an emergency and has created a sub-working group of several humanitarian organizations, including international non-governmental organizations, local organizations, youth representatives, and UN agencies, to advance ASRH efforts in humanitarian contexts. For more information on IAWG and ASRH resources, please visit our website here.

IAWG's ASRH partners advocate for organizations to adopt the following strategies when designing and implementing SRH programs that benefit adolescents in emergency settings. The below activities are in accordance with the guidance set forth in the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, which was updated in 2018, as well as the ASRH Toolkit for Humanitarian Settings.[17,18]



Don't do anything for adolescents, without adolescents. This means humanitarians should be meaningfully engaging adolescents throughout the emergency-to-development continuum. From conducting emergency preparedness activities to implementing response programs through to early recovery efforts, practitioners should be working alongside adolescents to understand their needs, obstacles, and opportunities to utilize this passionate and powerful group of individuals. Practitioners should develop creative strategies to foster inclusion and participation from the wide range of adolescents, including those of different abilities, age groups, genders, marital statuses, childbearing experience, religious and cultural affiliations, and other marginalized groups. Programs should also use accountability and feedback mechanisms to ensure adolescents are able to anonymously report concerns or suggest changes. Additionally, adolescents can be trained as first responders during an emergency, as well as providing valuable insights to inform the larger humanitarian response—whether through assessments, involvement at meetings and forums, or via youth networks and organizations.

Engage community members and gatekeepers as partners in the design, implementation, monitoring, and evaluation of ASRH programs. Equally important as adolescent engagement, programs must involve community stakeholders—including parents, religious leaders, and teachers—to gain acceptance, achieve lasting impact, and create ownership of the program. Understanding the cultural context and creating a supportive environment is critical to advancing access and provision of ASRH services.

Adopt a holistic lens in responding to adolescents' health needs. Adolescent-responsive health systems go beyond providing a friendly and welcoming atmosphere for adolescents seeking SRH services. Responsive systems provide comprehensive SRH care, including counseling on the full range of SRH services and commodities available, as well as offering referral mechanisms for unavailable and/or additional required services. The SRH services should be accessible and tailored to adolescents in terms of affordability, relatable language and graphics, and convenient locations and hours, in addition to addressing any concerns or barriers adolescents encounter within the health system. Sex- and age-disaggregated data should be collected throughout the program cycle for use in advocacy campaigns and to highlight specific needs and improve program quality. To accomplish these objectives, health actors must engage adolescents throughout the project cycle—from design through to evaluation of program.

Strengthen multi-sector linkages and referral pathways. Adolescents should be able to access SRH information and be referred to appropriate SRH services through a number of different entry points outside of the health facility, such as education centers or schools, safe spaces, food distribution points, or any other space that adolescents regularly access. In this way, practitioners are capitalizing on all opportunities to increase access and uptake of SRH services for adolescents. From the start, humanitarians can prioritize inclusion of ASRH in programs and advocate for integration of sectors and services. For example, the inclusion of ASRH into humanitarian proposals, including health, child protection, education, and all other sector plans, widens the scope of programming possibilities and permits more integrated efforts.

Photo: Susan Warner

IAWG is a broad-based, highly collaborative coalition of more than 20 Steering Committee member agencies—representing UN, government, non-governmental, research, and donor organizations. Formed in 1995, and currently a network of over 2,100 individual members from 450 agencies, IAWG remains committed to advancing the sexual and reproductive health of people affected by conflict and natural disaster.

Among populations affected by conflict and natural disaster, the IAWG:

- Documents gaps, accomplishments, and lessons learned;
- Evaluates the state of SRH in the field;
- Establishes technical standards for the delivery of reproductive health services;
- Builds and disseminates evidence to policy makers, managers, and practitioners;
- Advocates for the inclusion of crisis-affected persons in global development and humanitarian agendas.

For more information on IAWG or how to get involved, please visit https://iawg.net/about/become-a-member.

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