Health services play an important role in reducing preventable poor health and supporting young people to make a healthy transition into adulthood. They provide for a range of adolescent health needs, including sexual and reproductive health.

More than 1 in 2 adolescent girls report at least one serious problem accessing health care.

In the majority of countries, fewer than 20% of adolescents are covered by any health insurance. While there has been progress in defining standards of adolescent-responsive health services, considerable barriers remain and adolescents are often the missing population in universal health coverage (UHC).

**SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRH) FOR ADOLESCENTS**

- Sexual and reproductive health services information, education and counselling
- Contraception counselling and commodities
- Antenatal, safe delivery, and postnatal care
- Prevention of unsafe abortion, safe abortion (to the fullest extent of the law), post-abortion care
- Menstrual health care
- Prevention, care and treatment of sexually transmitted infections (STIs) and HIV (including provision of condoms)
- Human Papillomavirus (HPV) immunisation to prevent cervical cancer
- Prevention, surveillance and care for sexual and gender-based violence
- Action to eliminate harmful practices (forced child marriage, female genital mutilation)
- Address associated risk factors (substance use, mental health, nutrition)
While many countries in Asia and the Pacific have made considerable progress towards effective coverage of sexual and reproductive health services, progress has not been realised for adolescents. Many national universal health coverage programmes exclude SRH services of particular priority for adolescents (such as contraception, HPV Vaccine, violence treatment and prevention interventions, comprehensive abortion services), and provide insufficient financial risk protection for young people.

**WHAT ARE THE BARRIERS THAT LIMIT ACCESS TO SRH SERVICES?**

### Demand-side barriers
- Low SRH knowledge
- Low health literacy
- Lack of decision-making autonomy (particularly girls)
- Embarrassment, shame, stigma
- Socio-cultural norms

### Health system barriers
- Judgmental health providers
- Poor communication and counselling skills
- Lack of privacy and confidentiality
- Unwelcoming environment
- Discrimination
- Cost of services/commodities
- Poor quality of care
- Inconvenient opening hours

### Policy, regulatory and legal barriers
- Exclusion of young people and SRH services from UHC
- Mandatory requirement for parent, guardian or spouse consent
- Policies that restrict access to services on the basis of marital status, age, migrant status

Many of these barriers are substantial for unmarried young people, young people with disabilities, young people with diverse SOGI/E, young key populations\(^1\), and marginalised adolescents. Young people with disabilities, in particular, can face considerable stigma, discrimination, and violation of their right to privacy and autonomy when seeking SRH services.\(^2\) Importantly, socio-cultural norms that prohibit sex outside of marriage are a strong disincentive to seek care if young people are afraid of disclosing sexual activity, particularly if confidentiality is not guaranteed.

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1. Young men having sex with men (MSM), young transgender people, young people injecting drugs and young people selling sex.
2. Dean L, Tolhurst R, Khanna R, Jehan K. ‘You’re disabled, why did you have sex in the first place?’ An intersectional analysis of experiences of disabled women with regard to their sexual and reproductive health and rights in Gujarat State, India. Glob Health Action 2017; 10(sup2): 1290316.

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**Adolescent-responsive health systems standards**

Adolescent-responsive health systems are those that provide quality care addressing these factors, in a way that is accessible, appropriate and acceptable to young people.

**National policies and standards**

Nearly all countries refer to adolescent-friendly health services (AFHS) in national reproductive health, HIV or youth policies. Those policies emphasise non-judgmental care that respects young people’s rights, privacy and confidentiality, skills and training of providers, attention to the facility environment and opening times, provision of information and education materials; and, linkages with activities to increase awareness and demand for services and generate community support.

Most also specify a package of services that should be available to young people, with a strong focus on SRH including information and counselling about puberty and SRH, provision of condoms and contraception, pregnancy-related care, management of STIs, and provision of, or referral for, HIV testing and care, and services for sexual violence.
Health care staff are important gatekeepers to health care, and their knowledge, attitudes, and skills are major determinants of young people’s access to quality services, including SRH services.

People only go to the dentist when their teeth hurt. It’s the same with reproductive health.

17-year-old woman, Indonesia

As a person with a mental disability, it’s difficult for me to get services…. When I go there to see someone they don’t allow me, and they don’t take me seriously.

Young person, Fiji

Platforms for service delivery

There are several different platforms for reaching young people with SRH services in the region. While each is likely to have an important role in improving young people’s SRH, these multi-sectoral platforms are often poorly coordinated, leading to gaps in coverage and quality.

WHAT ARE THE COMMON SERVICE DELIVERY PLATFORMS?

- Public sector health services
- Private sector health services
- Informal providers
- School-based services
- Outreach and mobile services
- Youth centres
CONSIDERATIONS FOR HEALTH CONSULTATIONS WITH ADOLESCENTS, AND SUPPORTING HEALTH PROVIDER COMPETENCIES (ADAPTED FROM WHO AND SAWYER)

- Developmentally appropriate language
- Builds rapport, promotes engagement and empowerment
- Contextualises health care to normalise confidential assessment
- Involves adolescent in decision-making

- Includes broader health assessment
- Provides opportunity for confidential time alone with adolescent
- Includes psychosocial assessment
- Assesses capacity for autonomous decision-making

- Ensures privacy
- Supports confidential care
- Promotes adolescent assent and consent
- Reduces financial burden of health care
- Links to community services and agencies

- Supports parents’ involvement as appropriate
- Builds parents’ understanding and support for adolescent health care

Health Financing
The cost of health services can be a significant barrier preventing young people from accessing quality SRH services. Despite the recognition that adequately financing the health care of young people is essential for achieving universal health coverage, there remains limited evidence on the impact of health financing on young people.
**TAKE ACTION TO IMPROVE UNIVERSAL HEALTH COVERAGE FOR ADOLESCENTS**

### Strengthen service delivery across sectors and platforms
- Prioritise adolescents in UHC packages
- Invest in health workforce education
- Implement legal frameworks that guarantee access to services
- Develop and implement national quality service standards
- Bundle health services across multiple platforms
- Engage other sectors to address broader determinants of health

### Enhance financing
- Assess the impact of out-of-pocket payments on adolescents and remove or reduce user fees
- Cover all adolescents with mandatory, prepaid, pooled funding
- Increase spending on adolescent health
- Include an adolescent-specific focus in UHC investment plans
- Ensure mechanisms include the most vulnerable and marginalised

### Improve governance through accountability, research, monitoring and evaluation
- Engage adolescents in policy, legislation and programming
- Monitor coverage, quality and spending through existing data systems
- Report adolescent health indicators
- Make better use of data to identify priority needs and populations
- Strengthen research and policy capacity

For more information, see the full report United Nations Population Fund 2021. ‘My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific.’

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