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Fact Sheets

These fact sheets provide more detailed information on specific YRH topics. Topics are grouped according to the [Key Elements](#) framework.

Topics

Pregnancy

- [Access to contraception](#)
- [Emergency contraception](#)
- [Maternity care and safe delivery](#)

HIV and other STIs

- [VCT](#)
- [STI management](#)

Nutrition

- [Nutrition in pregnancy](#)

Harmful Cultural Practices

- [Female genital cutting](#)

Trafficking and Sexual Abuse/Coercion

- [Trafficking and Youth Reproductive Health](#)

To search the database for policies on one of these topics, [click here](#).

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Contraception

Fact Sheet on Youth Reproductive Health Policy

More couples have access to effective, modern methods of contraception than ever before. The proportion of women using contraception has increased steadily over the past several decades, to the point where about half of women of reproductive age in the developing world now use a modern method of family planning. Nonetheless, some 350 million women still lack access to the full range of contraceptive methods. And making newer, better contraceptives available to women in developing countries remains a challenge.

Its Importance as a Youth Reproductive Health Issue

- With decreasing age of menarche and increasing age at marriage, the risk of a young person experiencing an unintended pregnancy is greater than ever.
- Young people have the highest levels of unmet need for contraception.
- Early and unwanted pregnancy is detrimental to the health and socioeconomic status of young people and their children.
- Helping youth prevent unwanted pregnancy is the best way to prevent unsafe abortions
- Many of the same factors that increase exposure to unwanted pregnancy also increase the risk that young people will [contract HIV and other sexually transmitted infections](#).

Key Areas for Policy Action

Many of the same policy actions that would help to make contraception available to women and men more generally also apply to contraceptive access for young people. In addition, countries should undertake the following key policy actions that are especially important in improving access for young people:

- *Promote abstinence while recognizing the contraceptive needs of sexually active youth.* Abstinence is a primary means of preventing unwanted pregnancy. However, policy should acknowledge that sexually active youth need increased contraceptive access and options.
- *Ensure that youth have access to a wide range of contraception.* Nearly all contraceptive methods are appropriate for adolescents. Law, policy, and clinical guidelines should reflect international consensus on the safety and appropriateness of contraceptive methods, so that health workers have clear guidance to advise and prescribe appropriately to young people based on sound medical criteria.
- *Eliminate restrictions based on social status (e.g. denying contraceptives to unmarried adolescents) or based on unfounded*

medical criteria.

- *Allow minors to consent to use of contraception without adult approval or notification. Policies requiring adult consent unnecessarily restrict access to contraception.*
- *Ensure that young people have access to comprehensive information about contraceptive options, through schools and other channels.*
- *Promote dual protection against unintended pregnancy and STIs.*
- *Address the role of [emergency contraceptive pills](#) as a backup to failure of condoms and other contraceptives.*
- *Support youth-friendly services that train health workers to address the special concerns of young people, that maintain confidentiality and privacy, and that are accessible and affordable to young people.*
- *Emphasize open discussion and promotion of condoms and allow schools to provide condoms and other contraceptives, as appropriate.*

The State of Policy Making

A growing number of policies promote access to contraception for young people. Still, in several countries, formal and informal policy barriers limit such access. Often such policy language regarding young people can be found within national population policies, Ministry of Health policies, and guidelines and the policies and guidelines of nongovernmental organizations.

Here are some examples from the policy database of youth-specific policies that address contraception:

- [Ghana ARH Policy](#) (pdf 524 kb)

To search for more policies related to contraception in the policy database, [click here](#).

Research Findings to Support Policy Development

[New Survey Findings: the Reproductive Revolution Continues](#). This 2003 edition of Population Reports includes a special section on contraceptive use by youth.

From Rhetoric to Reality: Implementation Tips

Good planning is key to successful youth-friendly services. Important steps towards planning and implementing a youth-friendly health services strategy begin with achieving a national consensus for action. A policy initiative to raise the profile of adolescent health services identifies departments and individuals to start the process of change, and sets up structures through which change is brought about. Political support is important to start the process and to ensure that all government departments collaborate, bearing in mind that health and development needs cannot be met by health services alone. Political backing is critical for winning community support and developing a national sense of urgency. Additional steps include:

- discovering the health status of adolescents, and what they do when they seek help;
- developing a strategy to decide what services will be delivered, where and by whom;
- identifying an essential services package, core values, quality standards and a process for quality improvement;
- linking with other services for young people;
- involving youth in the design and implementation of services; and
- garnering community support to ensure that services are acceptable and used.

(Adapted from WHO, [Adolescent Friendly Health Services. An Agenda for Change](#), 2002)

Related Links and Resources

[Expanding Contraceptive Options and Access for Youth](#) (148kb). FHI, 2004. This YouthLens publication discusses how education, services, and products can help protect youth against unintended pregnancy and sexually transmitted infections, including HIV.

FAQs

Q. What contraceptives are medically appropriate for adolescents?

According to the Medical Eligibility Criteria of the World Health Organization (WHO), no medical condition would absolutely restrict an adolescent's eligibility for any method based only on age. However, for young women, WHO places two methods - IUDs (for women under 20) and progestin-only injectables (for women under 18) - in what it calls category 2, a "condition where the advantages of using the method generally outweigh the theoretical or proven risks." In this category, young women can generally use the method but health workers may need to provide careful follow-up and counseling to make the young client aware that a better option may exist. For youth, no method falls in category 3 or 4 (contraindicated for use). (Adapted from [YouthLens #12, 2004 Expanding Contraceptive Options and Access for Youth](#) (148kb).)



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Emergency Contraceptive Pills

Fact Sheet on Youth Reproductive Health Policy

By taking a special dose of oral contraceptive pills within 72 hours of unprotected intercourse, women can prevent pregnancy in the majority of cases. While not recommended as a routine form of contraception, emergency contraception gives women an important second chance to prevent pregnancy when a regular method fails, no method was used, or sex was forced.

Its Importance as a Youth Reproductive Health Issue

- Younger women are more likely than older women to have unplanned and sporadic sex, use contraception ineffectively, and lack information on contraceptive methods, thus increasing their chances of having an unplanned pregnancy.
- By preventing such unplanned pregnancies, emergency contraceptive pills help avert abortion and pregnancy-related illness and death, to which young women are more susceptible than older women.
- Use of ECPs can give young people an entry point into reproductive health care services, promote their access to effective contraception and other needed services, and ultimately reduce the likelihood that they will need ECPs in the future.

Key Areas for Policy Action

Before defining youth-specific policies on ECPs, countries should develop general policies that apply to all age groups. Ideally, the Ministry of Health would incorporate such a general policy into its service delivery guidelines. Another important policy step is for the health ministry to designate a specific product and register it for use as an ECP or for the health ministry to issue a recommendation on using an existing oral contraceptive for emergency situations. To ensure that youth have access to ECPs, policies should:

- *Define the age-appropriate use of ECPs, and that ECPs should be available for persons of any age.* National Ministry of Health guidelines are the proper vehicle for such a policy.
- *Allow providers to distribute ECPs to clients in advance.* Such provisions should apply to all potential users, but are especially important for youth, who are more likely to use condoms and other barrier methods of contraception, which have higher failure rates than do other methods.
- *Support pharmacy provision of ECPs to youth.* Endorsement by groups such as the national association of pharmacists is important in assuring acceptance of ECP provision to youth by individual pharmacists and in stimulating interest in staff training and information provision.
- *State that pharmacies can distribute ECPs without prescription and that they provide appropriate counseling.* Again, the health ministry should incorporate this into its guidelines. Ideally, the national association of pharmacists should also issue

similar guideline to its members.

- *Promote availability of ECPs through non-health outlets, in the same way that condoms are available.* This approach is particularly important for young people, since many do not go to the "traditional" government maternal and child health services. Although incorporated into national health ministry guidelines, such policies are also important at the local level and for secondary schools and universities that may have the means to distribute ECPs through school clinics.
- *Encourage informing youth about ECPs and where to obtain them.* Such information is important even for teens that are not yet sexually active, given the incidence of rape, incest, and coerced sex among young people."
- *Encourage education for health workers on provision of ECPs and on counseling of young people.*

The State of Policy Making

Currently, very few countries have policies that explicitly address provision of emergency contraception for youth. A great deal of work is still needed to ensure that countries put in place appropriate policies that make this important contraceptive option more widely available for young people.

Search for policies related to ECP in the [policy database](#).

Research Findings to Support Policy Development

[Pharmacists' Knowledge and Perceptions of Emergency Contraceptive Pills in Soweto and the Johannesburg Central Business District, South Africa](#).(430kb) Blanchard, K., Harrison, T., and Sello, M. International Family Planning Perspectives. 2005;31(4):172-178.

Recent research not available online:

Emergency Contraception in Zambia: Setting a New Agenda for Research and Action. Ahmed Y, Ketata M, Skibiak J. Nairobi, Kenya: Population Council, 1998;

Perception and practice of emergency contraception by post-secondary school students in southwest Nigeria Arowojolu AO, Adekunle AO. Afr J Reprod Health 2000;4(1):56-65;

Knowledge and practice of emergency contraception among Nigerian youths.Arowojolu AO, Adekunle AO. Int J Gynaecol Obstet 1999;66(1):31-32;

Emergency contraception among university students in Kingston, Jamaica: a survey of knowledge, attitudes, and practices. Sorhaindo A, Becker D, Fletcher H, et al. Contraception 2002;66(4):261-68.

From Rhetoric to Reality: Implementation Tips

Pay attention to marketing and pharmacist training. Policy should encourage distribution of ECPs through pharmacies but successful implementation depends on knowledgeable staff and informed youth. Information campaigns should make youth aware that ECPs are available at pharmacies. Programs also need to target pharmacy staff to interest them in provision of ECP and provide them training and materials for appropriate distribution and counseling on young people.

Watch Out For...

Misinformation. Although ECPs are now registered in over 90 countries, the vast majority of women and many doctors and other health workers are not fully familiar with the method or have misperceptions about its appropriate use. For instance, health workers and others often believe that provision of ECPs promotes promiscuity or that the availability of ECP discourages use of contraception. Various studies have shown this is not true. For more information, see [facts about ECP](#), from the Family Health International web site

Related Links and Resources

[International Consortium for Emergency Contraception](#). This web site contains the latest information on ECPs.

[Expanding Contraceptive Options and Access for Youth](#) (148kb). FHI, 2004. This YouthLens publication discusses how education, services, and products can help protect youth against unintended pregnancy and sexually transmitted infections, including HIV.

[Facts about Emergency Contraception](#) from Family Health International's web site.

[Emergency Contraceptive Pills: An Important Option for Young Adults](#). 1998. A 4-page fact sheet from Focus on Young Adults.

FAQs

Q. Will access to emergency contraception encourage promiscuity and sexual irresponsibility among young people?

There is no evidence to suggest that knowledge of emergency contraception increases sexual activity among young people. What is clear is that the need for emergency contraception often brings sexually active young people into health services, where they can receive a range of care, including help in learning how to say "no" when they choose to be abstinent. For adolescents who are already sexually active, emergency contraception provides a bridge to effective prevention of disease and unwanted pregnancy. (Adapted from the web site of the [International Consortium for Emergency Contraception](#))

Q. Is it safe to provide ECPs without a prescription?

Yes. ECPs meet all the customary criteria for over-the-counter use, including low toxicity, lack of potential for overdose or addiction, no teratogenicity, no need for medical screening, self-identification of the need, uniform dosage, and lack of drug interactions. For more information, see [facts on ECPs on the Family Health International web site](#).



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Maternity Care and Safe Delivery

Fact Sheet on Youth Reproductive Health Policy

Wide disparities in access to maternity care mean that women in many countries still face intolerable risks throughout pregnancy and during and immediately after childbirth. Over 500,000 women die each year from pregnancy-related causes.

Its Importance as a Youth Reproductive Health Issue

- About 11% of all births in developing countries are to young women between ages 15 and 19. Many of these 13 million young women are giving birth before their bodies have fully matured.
- Young mothers are at increased risk of complications such as vaginal tears, obstructed labor, fistulae, excessive bleeding, and infection during and after childbirth. Young mothers are also at higher risk of preterm birth and of having low birth weight babies.
- For both physiological and social reasons, women between ages 15 and 19 are twice as likely to die in childbirth as those in their twenties. Girls under age 15 are five times as likely to die as those in their twenties are.
- Infants born to young mothers are more likely to die and suffer from disease than those born to older women.

Key Areas for Policy Action

General policies applicable to mothers of all ages should aim to improve access to basic maternity care, including safe delivery and pre- and post-natal care. Policies specific to young people should:

- *Recognize the age-specific medical problems affecting young women.* Policy should acknowledge that the treatment and management of adolescent mothers differ in important ways from that of adult women.
- *Promote laws and policies that reduce pregnancy-related death and illness.* These include laws that promote young women's access to reproductive health care and information and that protect young women's health such as prohibition against early marriage.

FAQs

Q. What international policies address maternal care for adolescents?

In 2002, the United Nations Special Session on Children declared that reducing maternal and newborn illness and death among adolescent expectant mothers is a high priority. In August 2003, the World Health Organization (WHO) Department of Child and Adolescent Health and Development held an international working group meeting with about 40 international experts to achieve consensus on key issues, best practices, research gaps, and recommendations for actions to meet the United Nations Millennium Development Goals of reducing maternal death and illness among adolescents. The recommended priority actions from the meeting were to:

- Make existing safe motherhood activities more responsive and accessible to pregnant adolescents, including services for pregnancy prevention, pregnancy, emergency obstetric care, newborns, and abortion (where not against the law)
- Provide information about rights and choices for adolescents, including sexuality education
- Provide social support for pregnant adolescents, especially the very young adolescents
- Advocate for and, if possible, ensure the enactment of policies and actions for:

- *Acknowledge the need for youth-focused educational and informational campaigns.* Educational campaigns should provide appropriate,





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Voluntary Counseling & Testing

Fact Sheet on Youth Reproductive Health Policy

Voluntary counseling and testing (VCT) facilitates early referral for care and support of HIV-infected individuals and is an effective method of preventing infection. VCT services can result in positive behavior change including a decrease in unprotected intercourse.

Its Importance as a Youth Reproductive Health Issue

- Youth are a key target group for VCT interventions, because of the concentration of new [HIV infections among young people](#).
- Young people are relatively more open to behavior change than older adults, thus enhancing the impact of interventions such as VCT.
- When compared with other age groups, young people often have very different motivations for seeking VCT. Similarly, what they gain from the service and their subsequent needs may be quite different.
- Traditional health services have sometimes denied youth confidential and respectful treatment during visits for reproductive health care.
- Thus, a different approach may be required to attract and adequately serve young people's VCT needs.

Key Areas for Policy Action

Because of the importance of VCT in combating HIV/AIDS, health ministries in many countries now support VCT through national policies. To address the special needs of youth, a number of key policy actions are warranted. These include the following:

- *Allow minors to consent to VCT without requiring the consent of a parent or other adult.* In addition, policy should direct counselors to encourage all minors to consult parents or other trusted adults about their decision to test, where such consultation would be conducive to testing.
- *Protect the confidentiality of HIV test results for minors consistent with the obligation to protect their right to privacy.* As such, policy should prohibit the

FAQs

Q. What do International Policy Documents Say About VCT and Youth?

The major international policy documents on VCT, while applying equally to young people generally lack youth-specific provisions. One of the international agreements with most relevance to VCT and youth is the Convention on the Rights of the Child. The Convention defines a "child" as a person below the age of 18, unless the relevant laws recognize an earlier age of majority. Article 24 of the Convention affirms that children have the right to attain the highest standards of health and to health care, including family planning education and services (a right also recognized in earlier conventions and conferences). In June 2003, the UN committee that monitors the implementation of the Convention elaborated: "States Parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and prevention and treatment of STIs. In addition, States Parties should ensure access to appropriate information regardless of marital status, and prior consent from parents or guardians."

The Convention on the Rights of the Child also acknowledges that children's ability to make important decisions,

disclosure of information on the HIV status of minors to third parties including parents without the consent of the minor. At the same time, policy should direct counselors to encourage minors to discuss test results with their parents or guardians, in the case of those minors who have supportive relationships with parents or guardians.

- *Reassure counselors and other health care workers that they can provide VCT to adolescent minors who request it, without fear of retribution.*
- *Modify operational guidelines.* VCT policy should support adjustments to training, communications, referral, and other systems to make services more attractive to adolescents and to improve their quality and effectiveness.
- *Encourage mainstreaming youth-friendly approach in all VCT centers.* Young people seek VCT services regardless of where the services are provided. Thus, policies should ensure that all VCT services provide appropriate care to young clients.
- *Encourage the development of VCT services for especially-vulnerable youth.* Policies should make it a priority to serve [vulnerable groups](#) such as sex workers, drug users, orphans, and street children.
- *Encourage the [involvement of young people](#) as VCT peer educators.*
- *Encourage [links between VCT and other aspects of young people's lives](#).* VCT services are an opportunity to connect young people with other health care and to services that help meet job and education needs.
- *Develop stand-alone youth and VCT policy.* Particularly in high HIV prevalence countries, it is important to have a stand-alone policy that addresses youth and HIV issues, as opposed to addressing youth within a larger HIV policy.
- *Include VCT within national YRH policies.*
- *NGO policies are important too.* In some countries, NGOs are the main provider of VCT care. Such NGOs should develop their own policies-ideally based on a national standard-for serving youth with VCT services.

The State of Policy Making

While more and more governments have developed national VCT policies, very few of the current VCT guidelines explicitly address the needs of young people. Undoubtedly, some young people will seek VCT services regardless of whether they are designed specifically for them. Yet a more favorable policy environment is likely to induce many more youth to use VCT. The current lack of youth-specific policies is a critical gap that undermines efforts to fight HIV/AIDS.

Search for policies related to VCT in the [policy database](#).

Research Findings to Support Policy Development

Here are some recent research efforts to support development of policies for youth-focused VCT services.

[Horizons Operations Research](#). Studies from [Kenya and Uganda](#) (927kb; Population Council, 2001) on youth ages 14 to 21 indicates that young people would seek VCT if the services were confidential and inexpensive. A study in [Zambia](#) (416kb; Population Council, 2006) highlights the important role families can play in young people's decision to get tested.

[Minors and the Right to Consent to Health Care](#) (AGI, 2000). This study summarizes minor consent issues in the United States and how consent laws apply to YRH care.

including decisions about their health, increases with age and experience. Article 5 calls on governments to respect the rights and duties of parents, legal guardians and extended families or communities (if empowered by local custom) to guide and direct children in the exercise of their rights "in a manner consistent with the evolving capacities of the child". The ICPD similarly noted the need to balance the responsibilities and rights of parents or guardians with the "evolving capacities" of "adolescents" (a term not in the Convention but used throughout the ICPD Programme of Action). (adapted from State of World Population, UNFPA, 2003)

For more on Convention on the Rights of the Child, see the POLICY Projects' [Human Rights Matrix](#).

Q. What are examples of consent requirements in various countries?

In all 50 U.S. states, minors (usually anyone 12 or older) can give consent to test for HIV or other STIs. In Brazil, adolescents over the age of 12 have the same rights to health services as adults and do not require parental consent to access services. Recently, Mozambique has lowered the age at which adolescents can access VCT services to 16. Argentina's new national law on sexual health and responsible parenthood allows adolescents under age 18 access to sexual and reproductive health services without parental consent. VCT policy in Kenya allows those under 18 years old to be tested without the consent of their parents if the counselors determines that the young person has sufficient maturity to understand the testing procedures and results. In Zambia, young people under 18 need the consent of a guardian, except for pregnant girls and young mothers. In South Africa, it is national policy that the consent of a parent or guardian be obtained if a client is under 14. In Zimbabwe, young people under 16 legally require the consent of their parent or guardian. However, if they are living independently and already have a sexual partner or are pregnant, a HIV test can be considered. Jamaica is currently considering a change in law that would allow minors under 16 access to reproductive health care. In

[Youth and VCT in Tanzania](#) (91kb) (YouthNet, 2005). This study examined alternative VCT service models and actual versus perceived risk of infection among young reproductive health clients.

From Rhetoric to Reality: Implementation Tips

Balance affordability with sustainability. VCT must be accessible and affordable for those young people at highest risk of HIV infection or those suspected to have HIV-related illness. That may mean charging little or nothing for the service. Yet, well-intentioned VCT services for young people may easily struggle for lack of adequate financial sustainability. Service sustainability remains a challenge in many settings, especially non-integrated sites in which initial start-up costs are often funded by external international donors.

Watch Out for...

The lure of the quick fix. Learning by doing and expanded partnerships are needed to provide effective, innovative responses to the psychosocial needs of young people and children. To serve these needs requires investment in services besides VCT alone.

Mandatory testing. Some countries require mandatory HIV testing for military, employment, education, and travel. Mandatory HIV testing is neither effective nor ethical; it goes against individual rights and is not a good practice.

Related Links and Resources

[Equitable Access to HIV Counseling and Testing for Youth in Developing Countries: A Review of Current Practice](#) (463kb) (Population Council, 2004). Includes discussion of legal and regulatory issues such as age of consent.

[Guidance on Provider-Initiated HIV Testing and Counseling](#) (2.3MB) (UNAIDS and WHO, 2007). This latest UNAIDS guidance includes specific recommendations for providing testing and counseling for adolescents.

[HIV Counseling and Testing for Youth: A Handbook for Providers](#) (YouthNet, 2005). An easy-to-use desk guide on youth and HIV/AIDS including youth-friendly services, counseling young clients about HIV testing and follow-up issues, information on contraceptive options and other STIs, life skills issues, approaches to referrals, and resources.

[UNAIDS/WHO Policy Statement on HIV Testing](#). This 2004 revision explicitly calls for VCT programs to address the special needs of young people.

[VCT Case Studies](#) (1.3MB). Young people are featured in *HIV Voluntary Counseling and Testing: a Gateway to Prevention and Care*, a collection of five case studies carried out by UNAIDS.

[YouthLens on VCT and Young People](#) (63kb). Read this fact sheet from the YouthNet project.

[Malawi](#), children age 13 and over are allowed access to VCT without adult consent

Q. Can advocating for the enactment of minor consent policies backfire?

In some countries, health workers essentially ignore restrictive parental consent laws, and provide confidential care to minors who lack parental consent. In such an environment, some fear that bringing the consent issue into the open by advocating for the enactment of an official minor consent policy may end up tightening restrictions. Such fears--in part justified--underline the need for caution in planning an advocacy strategy.



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STI Management

Fact Sheet on Youth Reproductive Health Policy

Each year worldwide there are over 300 million new cases of curable sexually transmitted infection (STIs). An untreated STI can cause infertility, chronic pain, stillbirth, and ectopic pregnancy and heighten the risk of HIV infection. Many millions more are infected with incurable viral STIs such as HPV, which can cause cervical cancer.

Its importance as Youth Reproductive Health Issue

- Youth bear a disproportionate burden of sexually transmitted infections. According the World Health Organization, a third of new STI cases occur among young people.
- Young females are more biologically vulnerable to contracting STIs because of their immature reproductive tract.
- Rates of re-infection are substantially higher among young people than in adults, in part because they are less likely to use a condom and to seek effective treatment.
- Young people are less informed about STIs, less likely to recognize symptoms, and more averse to seeking treatment due to stigma and societal pressures.
- The way health workers manage STIs in youth can be suboptimal. Some refuse to provide diagnosis and treatment of STIs even when patients do exhibit symptoms; others are not allowed because of restrictive policies; still others do not recognize that youth may be sexually active and thus exposed to the risk of contracting an STI.

Key Areas for Policy Action

The urgency of addressing HIV/AIDS has somewhat overshadowed policy and program action on other STIs. Policies should reflect the importance of STI treatment and diagnosis for young people. Some key policy actions include:

- *Position STI diagnosis and treatment as a health problem that shares priority with and complements HIV/AIDS prevention efforts.*

FAQs

Q. What is syndromic case management of STI and should policies promote it for treating youth?
The syndromic approach to diagnosing STI is a way of grouping together infections that cause similar clinical signs and symptoms. This approach focuses less on identifying the specific causes of an individual STI, which requires laboratory testing, and focuses more on rapid, effective treatment. Simple flow charts have been developed to help health care providers make an informed management decision. This system is practical for youth because it reduces the need for costly laboratory tests. It can also more easily be integrated into primary health care centers that may be less experienced treating STI. The syndromic approach, however, may not be effective in diagnosing STI with less recognizable symptoms especially vaginal discharge. For this approach to succeed, a steady supply of medications must be available.

- *Allow minors to consent to STI examinations and treatment without requiring consent of parent or other adult.* Parents are an important source of emotional support and clinic-based counselors should encourage all minors to consult with parents or other trusted adults. Consent and disclosure requirements for mature minors should be similar to those recommended for [voluntary counseling and testing programs](#).
- *Promote comprehensive sexuality education programs in schools to enable youth to recognize STI symptoms and choose to seek treatment.*
- *Encourage "youth friendly" reproductive health care through stand-alone clinics or "youth corners."* Sexually active, unmarried youth tend not to utilize existing reproductive health services for fear of being judged.
- *Promote affordability of STI treatment.* Young people often have limited financial resources and would be reluctant to borrow money from friends or relatives.
- *Encourage comprehensive reproductive health services that provide STI care, family planning, and voluntary counseling and testing for youth.*

The State of Policy Making

Recent advances in HIV/AIDS policies present an opportunity for the inclusion of STI considerations. Many HIV policy documents also address STI diagnosis and treatment but few explicitly address the needs of young people. Policy language often times fails to distinguish between HIV/AIDS and other STIs and that STIs are multiple diseases. Consideration should be made to address these health issues separately.

Here are some examples of youth-specific STI policies in the policy database:

- [Ghana ARH Policy](#)
- [Bulgaria National Strategy for Prevention and Control of HIV/AIDS and STIs](#)

Search for more policies related to STIs in the [policy database](#).

Research Findings to Support Policy Development

An evidence-based approach is often an effective strategy for creating policy change. Here are some recent research efforts to support the development of youth-focused STI policies.

[Minors and the Right to Consent to Health Care](#). This study from the Alan Guttmacher Institute summarizes minor consent issues in the United States and how consent laws apply to YRH care

[Reaching Youth and Men](#). This publication from FHI proposes a broader approach to integrating STI and family planning services.

From Rhetoric to Reality: Implementation Tips

There is no standard model for STI service delivery. Young people may be more likely to seek services at a stand-alone youth clinic but such an approach may be unfeasible with limited financial and human resources. Integration of STI services with family planning clinics may offer an efficient referral network but may deter some segments of the population. Policies should stress the importance of tailoring service delivery points to maximize use while also considering resource availability

Watch out for...

Inadequate training of health providers. Policies, protocols, and guidelines must

acknowledge the unique psychosocial needs of youth and equip health providers to accommodate and respond to those needs.

Related Links and Resources

[Control of Sexually Transmitted Infections](#) (FHI). A fact sheet from Family Health International.

[Facts about Youth, HIV, and other STIs](#) (YouthNet). From YouthNet.

[Sexually Transmitted Infections among Adolescents: The Need for Adequate Health Services](#) (WHO and GTZ, 2005). This literature review documents experience providing STI services to adolescents and proposes priority actions for research, policy, and services.



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Nutrition in Pregnancy

Fact Sheet on Youth Reproductive Health Policy

Good maternal nutrition is a central element of reproductive health. Malnutrition has a number of negative consequences for both young mothers and their infants. Moreover, good nutrition brings a wide range of health and productivity benefits in addition to those related to pregnancy.

Its Importance as a Youth Reproductive Health Issue

- Nutritional deficiency conditions such as iron deficiency anemia are widespread in both young men and women.
- Chronic undernutrition causes stunting, delays growth and physical maturation, and increases risk to pregnant teens and their newborns.
- Good nutrition is important for creating a better fetal environment; girls are at higher risk of delivering low birth weight babies if they are too thin (low body mass index) at the time of conception. Poor pregnancy weight gain is another important determinant of poor fetal and infant health outcomes.
- Nutrition also has an impact on other areas of reproductive health. For example, micronutrient deficiencies may speed the development of full-blown AIDS in an HIV-positive girl. Furthermore, mothers with advanced HIV diseases who are undernourished may have an increased risk of passing the virus to their babies.
- Good nutrition in pregnancy is related to better overall nutrition for adolescents.

Key Areas for Policy Action

Nutrition policy is complex, often involving a variety of sectors including health and agriculture. Those programs that aim to improve maternal nutrition tend to lump adolescents with other pregnant women and do not tailor advice to adolescents. There is a critical need for policies that recognize the special nutritional needs of youth. These should:

- *Address the underlying causes of malnutrition.* Policy should promote efforts to postpone and prevent adolescent pregnancy to reduce nutritional losses; promote greater access to and control over food by adolescents; and advance

FAQ

Q. Why is anemia such an important issue in adolescent nutrition?

Iron deficiency and anemia are associated with impaired cognitive functioning, lower school achievement, and most likely lower physical work capacity. WHO estimates that 27 percent of adolescents in developing countries are anemic; ICRW studies documented high rates in India (55 percent), Nepal (42 percent), Cameroon (32 percent), and Guatemala (48 percent). Adolescents (both boys and girls) are at risk of developing iron deficiency and iron deficiency anemia because of the increased iron requirements for growth. Infectious diseases such as malaria, schistosomiasis, and hookworm affect both boys and girls, contributing to anemia by affecting the absorption of or increasing the loss of iron. Following the end of their growth spurt, boys rapidly regain adequate iron status, whereas girls may continue to be or become more deficient because of the increased requirements for iron due to menstruation, pregnancy, and lactation (Adapted from [Adolescent Nutrition at-a-Glance](#), World Bank, 2003).

gender equity.

- *Emphasize the need to alleviate malnutrition in girls prior to and early in pregnancy.* Policy should promote nutrition education, food fortification; iron and folate supplementation; and deworming by reaching girls in schools or through other venues. Health messages should stress good nutrition early in adolescence, then stress links with reproductive health outcomes as girls mature.
- *Create a supportive environment for behavior change communications, laying the groundwork for parents and young people to improve nutrition.*
- *Link nutrition with HIV care and prevention.*
- *Address overnutrition problems.* Overnutrition is becoming a problem in many countries. That may be more persuasive (than undernutrition) for some national governments, because of future costs of caring for chronic disease.
- *Include consideration of boys.* Anemia and other malnutrition affects boys as much or more than girls. Moreover, programs that target men as well as women with messages on nutrition in pregnancy produce better birth outcomes.

The State of Policy Making

Policies and programs specifically targeting nutrition for adolescents have been relatively lacking. Although solutions exist for the pregnancy-related nutrition problems that adolescents face, relatively few have been implemented.

Search for policies related to nutrition in the [policy database](#).

Research Findings to Support Policy Development

[Reducing Iron-Deficiency Anemia and Changing Dietary Behaviors among Adolescent Girls in India](#) (39kb). Results from a recent study conducted by International Center for Research on Women and its partners.

Related Links and Resources

[Adolescent Nutrition at-a-Glance](#). This World Bank publication provides a brief overview of adolescent nutrition problems and program and policy responses.

[Should Adolescents be Specifically Targeted for Nutrition in Developing Countries: To Address which Problems and how?](#) (309kb) A publication of the Child and Adolescent Health Unit at WHO.



Last Updated: May 18, 2007



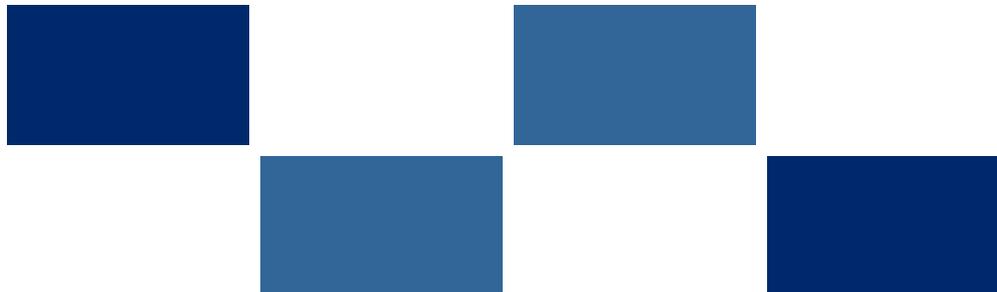
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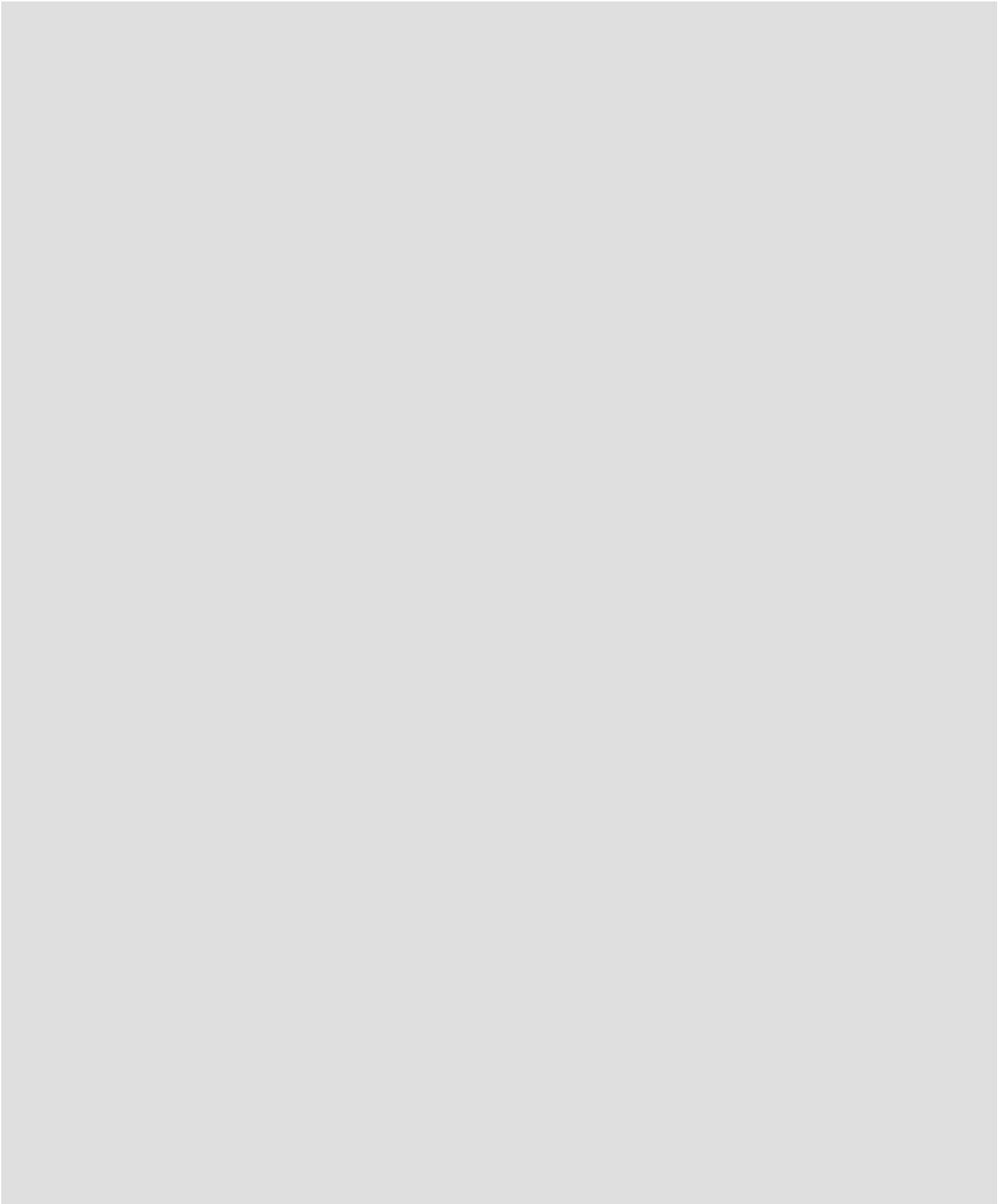
Female Genital Cutting

Fact Sheet on Youth Reproductive Health Policy

Some 2 million girls, mainly in Africa, undergo female genital cutting (FGC) each year. FGC, a traditional practice that involves excision of part or all of the external genitalia - often with unclean sharp instruments such as razor blades or pieces of glass - can have a devastating effect on girls' physical and psychological health.

Its Importance as a Youth Reproductive Health Issue

- A significant proportion of girls undergo FGC during early adolescence. In Egypt, for example, 43% of women circumcised had the procedure between ages 10 and 14.



Anti-FGC laws are important because without them, it is difficult to upscale interventions to the national level. Such laws and policies provide a positive environment for abandoning the practice. Experience has shown, however, that laws are not a panacea. FGC is deeply rooted in traditions of many communities. Merely outlawing it is unlikely to affect the practice.



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Trafficking and Youth Reproductive Health

Fact Sheet on Youth Reproductive Health Policy

Human trafficking is a crime that deprives people of their human rights and freedoms, increases global health risks, fuels growing networks of organized crime, and can sustain levels of poverty and impede development in certain areas (U.S. Department of State, 2009). Not only do trafficked persons suffer devastating consequences, including physical and emotional abuse, rape, threats against self and family, and death, but trafficking also undermines the health, safety, and security of all nations it touches.

The Importance of Trafficking as a Youth Reproductive Health Issue

- 12.3 million adults and children are in forced labor, bonded labor, and commercial sexual servitude at any given time; more than half (56%) of all forced labor victims are women under the age of 25 and girls ([International Labor Organization, 2001](#)).
- Trafficking of children and young women is often—but not always—associated with prostitution, sexual coercion, and sexual violence. This can lead to severe psychological and physical trauma, putting women and children at greater risk for unintended pregnancy and HIV and other sexually transmitted infections (STIs) (Masika, 2002).
- Youth who have been trafficked for sex often suffer stigma and discrimination, especially if they become infected with HIV or other STIs, making it difficult for them to seek reliable healthcare.

Key Areas for Policy Action

To be effective, anti-trafficking programs should address the four phases experienced by a trafficked person: (1) pre-movement, (2) movement, (3) post-movement/exploitation, and (4) post-exploitation. The trafficking of minors requires a policy response that recognizes their distinct experiences. To address trafficking among women and youth, policies should do the following:

- *Outlaw trafficking* and prescribe stringent penalties to deter the crime, but ensure that laws and regulations do not infringe on legitimate migration.
- *Enforce laws against trafficking*, including support to develop local law enforcement capacity to adequately investigate and prosecute traffickers, while protecting the rights of trafficked persons and maintaining their confidentiality. It is especially important that trafficked minors not be treated as criminals.
- *Support educational efforts* that combine specific anti-trafficking messages with primary and secondary education. This will inform young people and influential adults (e.g., parents, teachers, and coaches) about the dangers of trafficking. Such efforts can occur within existing programs to improve youth reproductive health or increase economic opportunities.
- *Address the social context*, including the vulnerability of women and other underlying causes of trafficking. Adolescent reproductive healthcare programs can easily incorporate messages about the risks of trafficking and the promotion of safe

Definition of Human Trafficking:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or
2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

U.S. Trafficking Victims Protection Act, 2000

labor migration.

- *Encourage links* between HIV prevention programs and anti-trafficking groups. This is particularly important during both the exploitation and post-exploitation stages of trafficking, when trafficked persons are most vulnerable.
- *Support rehabilitation for trafficked youth, including school and job opportunities.* Compared with trafficked adults, care and support services for youth are more demanding, and reintegrating youth into the community is more challenging.
- *Support participation of youth* by allowing them to influence national policy development through public forums with local authorities and participation-based organizations (U.K. Department of Health, 2002).

The State of Policymaking

The U.S. Department of State drafted the U.S. Trafficking Victims Protection Act (TVPA) of 2000, which guides efforts to combat human trafficking and outlines minimum standards for its elimination. Many countries have anti-trafficking policies that address the various stages of trafficking, but often these policies are not comprehensive. Some countries are currently working toward recognizing human trafficking as an international problem by holding conferences addressing human trafficking or developing national action plans. However, there are others that have not attempted to comply with the minimum standards set forth in the TVPA.

Policies addressing trafficked youth are included in policies on child protection and mental health. Few reproductive health and HIV/AIDS policies specifically address trafficking in general or specifically among youth.

Here are some examples of youth-specific trafficking policies in the policy database:

- [Uganda National Adolescent Health Policy](#)
- [India National Policy and Charter for Children](#)
- [African Charter on the Rights and Welfare of the Child](#)

Search for more policies related to trafficking and reproductive health in the [policy database](#).

Research Findings to Support Policy Development

[Anti-trafficking Programs in South Asia: Appropriate Activities, Indicators, and Evaluation Methodologies \(Huntington, 2001\)](#). This 2001 Population Council report clarifies conceptual frameworks to define trafficking, identifies intervention models for South Asia, and identifies measures to evaluate program performance and impact.

[Prevention of Trafficking and the Care and Support of Trafficked Persons in Nepal \(Roberts, 2001\)](#). This 2001 report by the Asia Foundation and Population Council includes a policy analysis and documentation of existing interventions to control trafficking in Nepal.

[Anti-trafficking Project Compendium](#). This online database from the International Organization for Migration is a collection and analysis of data on human trafficking from a regional perspective, including several projects that focus on children and youth.

[National Plan for Safeguarding Children from Sexual Commercial Exploitation](#).

This plan outlines the United Kingdom's commitment to creating and implementing policy to safeguard vulnerable youth.

Watch Out for ...

Anti-trafficking laws that restrict the legitimate migration and mobility of young women and children. Such laws can have the unintended (or intended) effect of limiting opportunities for work and often reinforce gender inequities.

Equating trafficking with sex work or prostitution. This approach can discourage legal action against traffickers not involved in prostitution and increase stigma and discrimination against trafficked persons.

Over-generalization of laws with extreme penalties. Some national laws address trafficking very generally—thus differentiating between minors and adults. Furthermore, laws that mandate harsh penalties can inadvertently let guilty traffickers go free because courts are reluctant to impose penalties such as capital punishment and life imprisonment.

Related Links and Resources

[Office to Monitor and Combat Trafficking in Persons](#). U.S. Department of State website.

[International Organization for Migration \(IOM\)](#). The IOM's website describes its counter-trafficking activities, which include aid to governments to improve legal systems to combat trafficking.

[Global Alliance Against Traffic in Women \(GATW\)](#). A network that advocates for a human rights-based approach to trafficking.

[USAID](#). USAID's Office of Women in Development coordinates USAID's anti-trafficking work and provides technical assistance to Missions to collect information on trafficking patterns, design anti-trafficking programs, assess results from programs, and train justice officials and service providers.

[Preventing Discrimination, Exploitation, and Abuse of Women Migrant Workers: Trafficking of Women and Girls](#). An information guide from the International Labor Organization (ILO) that enhances knowledge on, promotes improved legislation and policies on, and articulates means to address the discrimination, exploitation, and abuse of migrant women, especially women.

[Trafficking in Women and Children: The U.S. and International Response](#). This 2002 report from the Congressional Research Service of the U.S. Library of Congress explains the nature and scope of trafficking worldwide and describes initiatives by the United States and other countries to combat trafficking.

[2009 Trafficking in Persons Report](#). A U.S. Department of State report on foreign governments' efforts to eliminate severe forms of trafficking in persons.

[Legislationline.org](#). This online legislative database from the Office for Democratic Institutions and Human Rights of the Organization for Security and Co-operation in Europe provides assistance to those who prepare and draft laws; it includes a special section on trafficking.

[www.humantrafficking.org](#). A website managed by the Academy for Educational Development that includes country-specific information (e.g., laws, action plans, contact information, and useful government agencies) and describes nongovernmental organizations' activities to combat human trafficking.

[United States Victims of Trafficking and Violence Protection Act of 2000](#). Provides a guide for efforts to combat human trafficking.

[Canadian Immigration and Refugee Protection Act of 2002](#). Provides a framework describing the goals and guidelines the Canadian government has set related to immigration into Canada by foreign residents.

[Combating Child Trafficking](#). This 2005 guide from the Inter-Parliamentary Union and the United Nations Children's Fund provides Parliamentarians with recommendations to prevent child trafficking, assist trafficked children, and hold traffickers and those who assist them accountable for their crimes. It also outlines measures that Parliamentarians can take to interrupt the "supply" and reduce the "demand" for trafficking of human beings.

[Action Against Trafficking in Human Beings](#). An ILO document that outlines its major areas of intervention, including lessons learned and additional references.

[Gender, Trafficking, and Slavery](#). This book by Rachel Masika examines the operations of trafficking and other kinds of "modern-day" slavery from a gender perspective.

Frequently Asked Questions

Q. How does the trafficking of youth occur?

Most trafficked children are recruited by someone they know, including men, women, family members, neighbors, friends, or boyfriends. A majority of the victims trafficked are manipulated by false promises of opportunities (education, employment, and marriage elsewhere) and a higher quality of life. For more information, see [Responding to Child Trafficking](#).

Q. Why distinguish between trafficking of adults and trafficking of children?

Trafficking of adults and children is a fundamental violation of the most basic human rights. Children need special programs to protect their rights and ensure their needs are met by their parents and the government. Trafficking in children deserves particular attention and specific responses because of children's vulnerability to being trafficked and the distinct psychological, physical, and social impacts of trafficking on children and their prospects for reintegration. Also, it is a country's legal responsibility to ensure and protect the rights of children as stipulated in the [United Nations Convention on the Rights of the Child](#). For more information, see [Responding to Child Trafficking](#).

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