AN OPPORTUNE TIME TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS IN THE EUROPEAN REGION THROUGH INTERSECTORAL COLLABORATION

Introduction
Improving adolescent sexual and reproductive health (SRH) presents an important public health challenge for Europe and central Asia. This has been brought to the forefront by the recently published Health Behavior in School-aged Children Study (HBSC) 2013/14, which looks at the status of adolescent health in 42 countries and regions in Europe and emphasizes the urgent need for intersectoral action to improve adolescent health, including SRH (1). The evidence is clear that young people who have access to comprehensive sex and relationship education, confidential reproductive health services and appropriate methods of contraception have better sexual health outcomes (2).

The social determinants of health play a key role in SRH, which impacts the development of individuals, their families and communities at large (3). Ensuring access to comprehensive sex and relationship education, reproductive health services, contraception and tackling underlying issues of social determinants requires partnership and collaboration, including strong policy coherence, between the education, social and health sector. Intersectoral approaches with a strong emphasis on public health interventions is crucial to effectively improve the SRH – as well as overall health and well-being – of adolescents in the European Region (1, 2).

It is imperative therefore that Europe continues to scale up the concrete implementation of global, regional, national and subnational strategies to improve SRH amongst adolescents. This includes moving towards greater systematic intersectoral collaboration between the health, social and education sectors. While the importance of intersectoral collaboration and policy coherence has been in key strategy documents for some time (4, 5), the current global policy context marks a renewed opportunity to increase the action needed to address SRH.

The adoption of the global 2030 Agenda for Sustainable Development in September 2015, including its 17 goals for sustainable development (SDGs), provides a unique policy opportunity to pursue and implement effective intersectoral solutions for all of today’s complex public health challenges, including SRH. The health goal – SDG 3 – includes a specific target on SRH, aiming to ensure global universal access to SRH care services by 2030, including family planning, information and education, as well as the integration of reproductive health into national strategies and programmes (6), all of which require stronger and transformative partnerships and support from the education and social sectors.

Agenda 2030 and the SDGs are supported through global and regional strategies and initiatives that echo the call for strengthened intersectoral action. The new Global Strategy for Women’s, Children’s and Adolescent’s Health 2016–2030 aims to achieve the highest attainable standard of health for all women, children and adolescents, transform the future and ensure that every newborn, mother and child not only survives, but thrives. The education sector is seen as a crucial partner and the strategy specifically recommends multisectoral policies and interventions on the determinants of women’s, children’s and adolescent’s health.

In the European Region, the transformative agenda of the SDGs is supported through the implementation of Health 2020, the Regional strategy and policy framework for health and well-being, which highlights the important role of partnerships and intersectoral action. Health 2020 is supported through the implementation of specific regional strategies and action plans addressing SRH including the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind. This Action Plan is linked to the European Women’s Health Strategy and will be presented to the 66th session of the WHO Regional Committee for Europe in September 2016. The Action Plan recommends that evidence-based sexuality education be made available to all age groups, including children and adolescents and their parents. It emphasizes the specific importance of sexuality education for children who are not integrated in regular school systems and other vulnerable groups. This builds on the work undertaken through the strategy on “Investing in children: child and adolescent health strategy for Europe 2015–2020” adopted in September 2014 at the WHO Regional Committee, which recommends adopting a life-course approach that recognizes that adult health and illness are rooted in health and experiences in previous stages of the life-course through working with other sectors.

The current policy context presents a reinvigorated opportunity to invest in effectively strengthening SRH through increased intersectoral action and approaches. The challenge in taking this forward includes identifying evidence-based interventions, as well as strengthening the mechanisms and instruments that facilitate work across sectors. The investment in intersectoral action is a priority for the WHO Regional Office for Europe. As part of the implementation of Health 2020 it will organize a High Level Conference, Promoting intersectoral and interagency health and well-being in the European Region: Working together for better health and well-being, on the 7–8 December 2016, hosted by the Ministry of Social Affairs and Health of France. The meeting will promote strengthening the partnership between health, education and the social context to improve the health and well-being of children in the Region. Lessons from across the Region that demonstrate the transferability and scalability of good practice in addressing this important public health issue will be shared.

An important public health issue
The 1994 United Nations International Conference on Population and Development defined SRH as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (7).” It is considered fundamental to human well-being and a basic
human right and therefore is a significant issue for the 74 million adolescents (10–19 years) living in the European region, representing 8.4% the population (8).

Adolescence is a transitional stage of significant physical and psychological development leading to maturity and independence (9). Adolescents rely on their families, their peers and communities, schools, health services and their workplaces to learn a wide range of important skills that can help them to cope with the pressures they face and make the transition from childhood to adulthood successfully. It is at this stage in life, while young people are still developing emotionally and cognitively, that they start to explore intimate relationships and become sexually active and develop important health behaviours and life skills, including learning how to refuse sex or negotiate safe intercourse. It is a vulnerable time for young people, coinciding with increased peer pressure to engage in other risk-taking behaviour, such as alcohol and other drug use, compounding the potential risks to their SRH. This vulnerability when combined with any financial hardship, in some cases may lead to prostitution and increased risk for trafficking and sexual exploitation (1, 8).

Complications linked to pregnancy and childbirth are the second cause of death for 15–19-year-old girls globally (10) and evidence from Latin America shows that girls aged under 16 have a four times higher risk of dying in pregnancy or childbirth than women aged 20–24 years (11). Adolescent pregnancy is also dangerous for the child; deaths in babies during the first month of life are 50–100% more frequent if the mother is an adolescent and the younger the mother the higher the risk. In addition, the rates of preterm birth and low birth weight are higher among the children of adolescents, all of which increase the chance of future health problems for the baby (12).

Longer-term, pregnancies in adolescents can be socially detrimental to the individuals, their families and friends, as well as the communities they live in, as many girls who become pregnant subsequently leave school (9). Unsafe sexual intercourse also increases the risk of sexually transmitted diseases (STIs), including HIV. Chlamydia infection, especially if left untreated, may result in infertility later in life (13).

Data from the HBSC 2013/14 study shows that a significant minority of adolescents are sexually active and that many risk STIs or unplanned pregnancy by not using condoms or effective methods of birth control. Over a fifth (21%) of adolescents aged 15 years reported to have had sexual intercourse, with boys reporting more sexual intercourse (24%) than girls (17%) on average. The greatest gender disparities are seen in eastern Europe. A little over a quarter (28%) of those 15 years olds engaging in intercourse reported to have used the contraceptive pill and around two-thirds (65%) reported to have used a condom. The effect of family influence on the likelihood of engaging in sexual intercourse aged 15 years varies by gender. The strongest correlation is observed in boys, where the prevalence is highest in those from the highest-affluence group. Overall use of contraception, however, was not strongly associated with affluence (1).

An indication of the scale of pregnancies in adolescents in the European Region can be gleaned from data of recorded births and abortions to young mothers. In 2013, 5.7% of all live births were recorded in mothers aged under 20 years. This percentage was highest in eastern Europe and central Asia (European Health for All Database, available at: http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-database-hfa-db). Recent data on abortions in adolescents is not available for many countries in the Region.

STIs in adolescents are difficult to estimate, however the prevalence of the most frequently occurring STIs (Chlamydia and gonorrhea) has increased in several European countries in the last decade (14).

Importantly, from a policy perspective, data on SRH in adolescents, including in the European Region, is limited; for example, although data on teenage pregnancy is in general available, very little is known about the circumstance surrounding first intercourse. Moreover, the data does not describe currently the full adolescent population at risk; very little is known about the youngest group of adolescents (aged 10–14), the male adolescent population, migrants and refugees, intravenous drug users and individuals of alternate sexual orientation (8). The SDGs stress the need for inclusiveness and leaving no-one behind, providing an important political opportunity to address this gap in data. Addressing this data gap is an essential component in the development of successful and evidence-based public health interventions to improve SRH, including those that require successful intersectoral approaches.

Cross-sectoral interventions between the health and education sectors

Intersectoral interventions are needed to effectively improve SRH as the adolescent period of the life-course is one that is influenced by various factors; family, peers and school, community and exposure to wider society. Good SRH therefore cannot be seen as an outcome of one sector alone; effective responses and public health interventions to support adolescent health and development require collaboration between a range of actors and sectors. Sustainable and equitable improvements in health, including SRH, are the product of effective policy across all parts of government, including the local level and it is crucial that holistic policy responses reflect the complexity and intersectorality of the challenges.

Health education

The impact of school is crucial for the development of health literacy of adolescents as well as enabling them to engage in health promotion. The WHO strongly recommends health education delivered in a school setting, both to prevent health-compromising behaviours that arise during adolescence and may adversely affect future lifestyle choices and
to contribute to improved mental health (10). Skills-based health education is an approach to creating and maintaining healthy lifestyles and conditions “through the development of knowledge, attitudes and especially skills, using a variety of learning experiences, with an emphasis on participatory methods (15).”

Skills-based health education helps enable adolescents to make informed choices and take effective action regarding their own health. The provision of scientifically accurate and comprehensive sexuality education programmes within schools that include information on contraceptive use and acquisition are a form of skills-based education that can help make sexual activity safer for adolescents and prevent unplanned and unwanted pregnancies, STIs and abortions.

Schools as part of the social environment
Importantly, the school-setting offers more potential benefits for improving adolescents’ SRH beyond offering quality health education. While skills-based health education is important, in isolation it has small effect and will not be enough to significantly address adolescent SRH issues in the Region (10, 16). Schools have a crucial role in the wider community and society and can therefore influence wider societal developments that will contribute to improved adolescent SRH.

Healthy school settings
For several decades, WHO has promoted the notion of “health-promoting schools”, which, through their social and physical environment and the notion of school ethos, or culture, can contribute to the promotion of health throughout wider society. This notion encompasses a safe physical environment, opportunities for physical activity and healthy eating, as well as adequate sanitation including hygiene materials and privacy.

The school-setting also plays an important role in the delivery of health education and SRH services. School-based interventions and interactions experienced by students in the school setting can also positively influence the common perception of risk in sexual behaviour and other health behaviour-related choices affecting SRH, including for adolescents at risk of vulnerability or health inequities (10).

Evidence also shows that trusting relationships developed between school staff and students positively effects adolescents’ health-related choices (17). School extra-curricular activity leaders, such as sports coaches and other individuals that students are likely to form a bond with, can act as mentors and promote and guide students to SRH services available in the community.

Schools can work directly with students and other services in the community to provide parents with support and advice on parenting strategies during the later years of childhood. This is particularly relevant to SRH, as research shows that open family communication on sexual issues corresponds with less high-risk sexual behaviours in adolescence (18), and that adolescents who report ease of communication with mothers are less likely to be sexually active (19).

The health and education sectors are therefore key partners in improving and promoting adolescents’ healthy development (10, 20). Not only does the school-setting provide a crucial access point to many adolescents to deliver health education and SRH services, but in addition to this, more years of education are directly associated with improved health outcomes at both the individual and population levels (10).

Intersectoral action – working together for health and well-being
Strengthened intersectoral approaches improve adolescents’ SRH through building accountability and responsibility amongst other sectors that own the drivers or determinants that impact on SRH. The central role of the education sector in adolescents’ lives therefore makes it a crucial sector for partnership.

If strengthened intersectoral action is needed to achieve a successful response to the public health issue of adolescents’ SRH in the European Region, the question that emerges is how to bring sectors together and achieve effective intersectoral collaboration.

Bringing sectors together requires improving policy coherence. While policy coherence must be strengthened across sectors within government (horizontal coherence), it must also be strengthened between different levels of government: international, national, subnational, regional and local (vertical coherence) (21–23). This is highly context-sensitive and specific, but in all instances concrete measures need to be in place to ensure that policy coherence realistically exists – for example: joint impact assessments; setting shared common goals and targets between the sectors involved; shared budgets and joint financing mechanisms; the use of data from both sectors; and joint reporting and monitoring mechanisms.

An effective intersectoral policy response is the product of effective policy across all parts of government, a whole-of-government approach and engaging the whole of the community, a whole-of-society approach. A whole-of-society approach emphasizes the empowerment – of individuals, communities and vulnerable groups – and community resilience, fostered by increased empowerment, as being both consequences and contributors to success factors of the whole-of-society approach (23). This means including communities, populations, and in particular, target groups, in the design, implementation and evaluation of interventions, policies and services impacting on SRH.

Including adolescents and communities in processes not only improves the quality, relevance and ownership of the interventions and services offered, but also empowers adolescents through strengthening their ability to influence and control decisions that affect them and their health.

Conclusion
The ongoing implementation of Health 2020, coupled with the recent adoption
of the 2030 agenda, provides a unique opportunity and a sense of urgency for the European Region. There is an opportunity to build upon existing regional and national commitments to health and take forward the implementation of the Region’s strategies and action plans addressing SRH by strengthening the work with key sectors and building new transformative partnerships. Improving the health and well-being of adolescents requires action from all involved, including increasing efforts to work together to make sure that all adolescents are able to enjoy good health, including those children who are at greatest risk of falling through gaps.

Monika Kosinska, BA, MA, Programme Manager, Governance for Health, WHO Regional Office for Europe

Anna Chichowska, MD, Masters, Programme Manager, Public Health Services, WHO Regional Office for Europe

Adam Tiliouine, MSc, Consultant

Correspondence to: chichowskaa@who.int

References