

# Session 1 - Achieving the Promise of Adolescents' Sexual and Reproductive Health

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# Achieving the Promise of Adolescents' Sexual and Reproductive Health

International Workshop on HIV & Adolescence

03 November 2020

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# Living in a changing world – the impact of COVID-19 on adolescents

- Evidence shows the additional negative impact of the pandemic on children and adolescents physical and mental health.
- A review by Shaw et al (2020) affirms that mental disorders are the leading cause of disability worldwide in adolescents and children. About 15% of children and adolescents in the world have mental health disorders or conditions. Nearly 50% of mental disorders start to affect the children by the age of 14.
- From the field, we also know that COVID-19 has negatively impacted on young people's access to essential medical supplies including ART, reduced access to SRH commodities, increase in unplanned pregnancies, increased levels of sexual violence, exposure to domestic and intimate partner violence
- Corruption: and impact on the access to essential treatments and commodities



# Achieving the promise of adolescent's sexual reproductive health

- Socio-ecological modelling/theories remain relevant and useful
- Our programmes demonstrate a social return on investment
- Investment in capacity development of young people translates to supportive and safe spaces for impactful programming
- Complementary work with service providers increases reach and accretion – youth friendly services attract young people
- Engaging family and communities through dialogue contributes to shifts in thinking about adolescents and their evolving capacity and agency
- Well-developed health referral systems translate to greater access to SRHR and HIV services – do not lose young people
- Age alone is not the best indicator for access and support – therefore programmes should endeavour to integrate development indicators. A 15 year old girl in the global south is expected to be more mature but with fewer resources and agency – compared to one in the global north
- Empower young people to have a voice and inform service delivery – for example the READY scorecard which serves as a service improvement and accountability tool
- Invest in communications and digital solutions – our work needs to be interesting, engaging and current : social media, arts, music.

# What do we need to do?

- Maintain **integrated SRHR and HIV** programming
- Maintain **treatment adherence** focus
- Strengthening **psychosocial and mental wellbeing** for young people and their families and communities
- Including **education, vocational skills and income generation activities** in our programmes
- Invest in **gender norms transformation** to challenge harmful gender norms and address violence
- Strengthen **youth leadership, agency and voices** for a impactful advocacy towards national, regional and international development frameworks
- Rattle, shake, **disrupt the status quo**



# How do we do it?

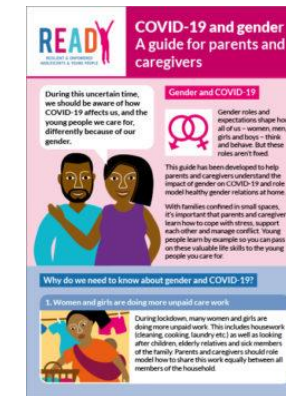
- Integrated programming



- Meaningful youth engagement & leadership



- Learning and development



# What are young people saying about strides made thus far?

- “In Tanzania, Young advocates supported and mentored under READY+ in have been at the forefront of **influencing real change** in legislation on HIV testing. The National Council of People Living with HIV (NACOPHA) in consultation with young people realised that the HIV and AIDS Prevention and Control Act, (number 28 of 2008), Section 15(2) was creating a huge barrier to young people accessing HIV services as the of age of consent was 18. Many young people were therefore either late presenters with advanced disease or dying of AIDS related illnesses.”
- “Ayanda a CATS in Eswatini shares how she **uses her personal life and experiences to support** other young people to “cope with stigma because they sometimes feel bad about themselves, guilty, ashamed and they lose their self-confidence. She provides psychosocial support to her peers. “
- “Audrey from Zimbabwe talks about the **gendered aspects of SRHR and HIV**. That many girls will settle for abusive relationships because they feel it is their only chance of happiness. They just do what the guy wants because they think nobody will love them the way they are.”



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