

Building Back Equal in the Asia Pacific: Realizing Sexual and Reproductive Health and Rights for Adolescent Girls

1. Executive Summary

Of the global adolescent population of 1.1 billion under 18 years, more than half live in Asia and the Pacific Region.¹ Adolescent girls in the Asia Pacific region face significant barriers such as limited access to healthcare (including sexual and reproductive health care), education, economic, social, and political participation, and high levels of violence and discrimination. This can lead to poor sexual and reproductive health (SRH) outcomes such as high adolescent pregnancy rates, STIs including HIV, and sexual and gender-based violence.²

Despite the greater focus on ASRH in the global health agenda, it continues to be challenging in Southeast Asia to generate political and policy prioritisation for adolescent sexual and reproductive health (ASRH).³ ⁴ Many young people see their potential hindered by social norms, cultural attitudes, institutional and structural barriers and violations of their fundamental rights by virtue of their age.⁵ However, in the policy-making sphere, adolescent SRH is an emotionally charged issue as it deals with sexuality (considered a taboo subject) and adolescents are considered “too young” to make decisions about their bodies, lives and futures.

This policy brief aims to support national governments, including those working with national governments to develop and implement policies, donors and civil society to take adequate steps to coordinate action and contribute to the safety, health, and education of adolescent girls, and build opportunities for them.

The brief provides an overview of the current context and describes the challenges and discrimination encountered by adolescent girls in Asia Pacific. The brief unpacks the policy environment and includes a number of recommendations to strengthen the *promotion and protection of the rights of adolescent girls*.

2. The situation for girls pre- and post-COVID in Asia Pacific

¹ United Nations Children’s Fund (2016). Harnessing the power of data for girls: Taking stock and looking ahead to 2030. New York: UNICEF. Available from: <https://www.unicef.org/media/65291/file/Harnessing-the-Power-of-Data-for-Girls-Brochure-2016-1-1.pdf>

² UNICEF (n.d.) Child marriage. Available at: <https://www.unicef.org/rosa/what-we-do/child-protection/child-marriage>

³ United Nations (2016). The Global Strategy for Women’s Children’s and Adolescents’ Health 2016–2030 New York: United Nations.

⁴ United Nations (2015). Sustainable Development Goals. New York: United Nations.

⁵ Office of the High Commissioner for Human Rights (2018, June 28). Report on youth and human rights. Available at: <https://www.ohchr.org/EN/Issues/Youth/Pages/ReportYouthHR.aspx>

According to the UN Population Fund (UNFPA), almost one billion young people aged 10-24 years living in 32 low- and middle-income countries in Asia and the Pacific, making up around 60% of the world's adolescents and young people.⁶

In any part of the world, a girl's transition from childhood through adolescence to adulthood is marked by challenges and complexity. During her second decade, she will experience rapid biological and psychosocial changes that will affect every aspect of her life: from her role and responsibilities in her family, to the relationships with her peers and community, her opportunities to have an education and access health care (including SRH), and her ability to take part in the decision-making processes that will affect her now and in the future.^{7 8}

Being an Adolescent Girl in Asia Pacific: That transition can be particularly challenging in Asia, with the region's diverse socio-cultural, geopolitical and economic contexts, and a vast geographic area. Girls in Asia Pacific continue to encounter gender-related restrictions and inequalities that keep them from realising their full potential. Unmarried adolescent girls are often unable to access sexual and reproductive health support, information, and services.⁹ Discriminatory attitudes and practices significantly limit the ability of girls to define and act on their own goals, and to realise their rights. The disparities worsen for ethnic minorities and indigenous girls, girls with disabilities, young adolescent girls, lesbian, bisexual, transgender and/or intersex (LBTI) girls, migrants and refugee girls, and adolescents from poor families.

Of the 13 million adolescent girls globally with an unmet need for contraception, approximately half live in the Asia Pacific region.¹⁰ Up to 63% of adolescent pregnancies in the region are unintended, contributing to a significant, although underreported, the burden of unsafe abortion.¹¹ Adolescent pregnancies and child, early and forced marriages (CEFM) in ASEAN countries such as Thailand, Cambodia, the Philippines and Laos present structural gender barriers

⁶ UN Population Fund (UNFPA) Asia Pacific (2021). A Snapshot of Young People's Sexual and Reproductive Health in Asia and The Pacific. Available from: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/asrh_snapshot_brochure.pdf

⁷ McCarthy, K., Brady, M., & Hallman, K. (2016). Investing when it counts: Reviewing the evidence and charting a course of research and action for very young adolescents. Population Council. Available from: https://www.popcouncil.org/uploads/pdfs/2016PGY_InvestingWhenItCounts.pdf

⁸ World Health Organization (2014). Health for the world's adolescents: A second chance in the second decade. Available from: https://apps.who.int/iris/bitstream/handle/10665/112750/WHO_FWC_MCA_14.05_eng.pdf?sequence=1&isAllowed=y

⁹ United Nations (2018) World Youth Report: Youth and the 2030 Agenda for Sustainable Development World. New York, NY: United Nations. Available at: <https://www.un.org/development/desa/youth/wp-content/uploads/sites/21/2018/12/WorldYouthReport-2030Agenda.pdf>

¹⁰ UNFPA (2016) Universal Access to Reproductive Health: Progress and challenges. New York. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Reproductive_Paper_20160120_online.pdf

¹¹ UNFPA, UNESCO and WHO (2015). Sexual and Reproductive Health of Young People in Asia and the Pacific. A review of issues, policies and programmes. Bangkok: UNFPA. Available at: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/UNFPA%20SHR%20YP%20AP_2015%20for%20web-final.pdf

and have a disastrous effect on the lives of young girls, exacerbating discrimination and exclusion.¹² This prevents girls from achieving their potential through education and learning, often forcing them into life choices that exclude them from a competitive labour market and subsequently, financial independence. Further, adolescent pregnancies often linked to child marriages are a strong indicator of girls' reduced autonomy within the relationship, the family, and their ability to make decisions about their own reproductive health, in violation of their rights.

Young adolescents are often exposed to violence, abuse, and exploitation both offline and online, with limited support systems at home, school, or the community, causing them to suffer from poor mental health and well-being.

Menstrual Health and Hygiene: Over 620 million children worldwide lack basic sanitation services, and 900 million lack basic hygiene services at their school, often putting a sharp end to girls' education during menstruation.¹³ A significant majority of these adolescent girls without services reside in Asia Pacific and their governments need to address this as a priority. Globally, knowledge and understanding of menstruation are highly variable and often low among adolescent girls.¹⁴ Lack of understanding coincides with the stigma around menstruation and cultural perception of menstruation as dirty and taboo.¹⁵ ¹⁶ When properly implemented, comprehensive sexuality education (CSE) helps to enhance understanding of menstruation and dispel such beliefs and practices, reducing stigma and giving girls greater freedom.

Climate crisis: Asia Pacific is the most disaster-prone region in the world. Humanitarian contexts exacerbate existing inequalities and often multiply the risks that adolescent girls face such as an increase in gender-based violence and CEFM. In parallel, they experience decreased access to essential services and disruption of normal support structures.

Digital Divide: Adolescent girls continue to be left behind in digital literacy and access to the internet and related devices. A 2020 UNICEF survey of youth in 10 ASEAN countries found that

¹² UNICEF (2018) Addressing the patterns of child marriage, early union and teen pregnancy in Southeast Asia: A matter of urgency. Available at: <https://www.unicef.org/eap/press-releases/addressing-patterns-child-marriage-early-union-and-teen-pregnancy-southeast-asia>

¹³ UNICEF and WHO. 2018. Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018. New York, UNICEF and Geneva, WHO <https://data.unicef.org/wp-content/uploads/2018/08/JMP-WASH-in-Schools-WEB.pdf>

¹⁴ V. Chandra-Mouli, S.V. Patel. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reprod Health*, 14 (2017) <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0293-6>

¹⁵ V. Chandra-Mouli, S.V. Patel. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reprod Health*, 14 (2017) <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0293-6>

¹⁶ J. Hennegan, A.K. Shannon, J. Rubli, et al. Women's and girls' experiences of menstruation in low-and middle-income countries: A systematic review and qualitative metasynthesis. *PLoS Med*, 16 (2019) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6521998/>

61 per cent of students do not receive any digital literacy education in schools.¹⁷ While in East Asia and Pacific, more than 300 million children and young people do not have access to the internet at home.¹⁸

Comprehensive Sexuality Education (CSE):

While the majority of countries in Asia Pacific have laws or policies related to sexual and reproductive health and/or sexuality education for young people, commitment to CSE varies significantly across these countries. As part of the findings from a joint UNFPA, UNESCO and IPPF regional review on the status of comprehensive sexuality education in the Asia and Pacific region conducted in 2019, only 28% of youth survey respondents felt that their school taught them about sexuality ‘very well’ or ‘somewhat well’.¹⁹

The significant decline in access to comprehensive sexuality education (CSE) during the pandemic is of particular concern for girls from marginalized communities as it heightens the risk of numerous intersecting forms of abuse and discrimination manifold. Moreover, the limited input and control in decision-making at a household level and shifts in social safety nets, mobility and access to information and services increase young girls’ susceptibility to gender-based violence and CEFM in the region. The pandemic has significantly affected women and girls’ resilience in mitigating the effects of the outbreak.²⁰

COVID-19: The COVID-19 pandemic has impacted nearly every community in the world and while disasters affect everyone, inequality is exacerbated during a crisis. Girls are exposed to specific risks due to their age and gender – their voices are often the least heard and their rights and needs are left unmet. The additional impact of COVID-19 on their already difficult lives has the potential to be devastating and reverse fragile progress in advancing girls’ rights. Household out-of-pocket (OOP) expenditure for preventive, management and treatment COVID-19 varied greatly. In Indonesia, OOP expenditure was 34.8% of current health expenditure, while OOP expenditure was 76% in Myanmar and 8.7% in Thailand.²¹ Many households experienced catastrophic health expenditure due to high OOP payments and the pandemic spotlights the

¹⁷ United Nations Children’s Fund, “[Digital literacy in education systems across ASEAN: Key insights and opinions of young people](#)”. UNICEF, Bangkok, 2021.

¹⁸ United Nations Children’s Fund and International Telecommunication Union, “[How many children and young people have internet access at home? Estimating digital connectivity during the COVID-19 pandemic.](#)” UNICEF, New York, 2020.

¹⁹ UNFPA, UNESCO, IPPF (2019). Learn, protect, respect, empower: the status of comprehensive sexuality education in Asia and the Pacific: A summary review. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000377782?>

²⁰ UNWomen Asia and the Pacific (2020). The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens. Available at: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/the-first-100-days-of-the-covid-19-outbreak-in-asia-and-the-pacific>

²¹ Jaafar, H., Abd Laziz, N. A., Ithnin, M., & Azzeri, A. (2021). Assessing the Impact of Out-of-Pocket Expenditures for Prevention of COVID-19 Infection on Households: Evidence From Malaysia. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, 58. <https://doi.org/10.1177/00469580211062402>

need for proper national financing arrangements to reduce OOP reliance by mobilizing additional public funds for health.

It has become accepted knowledge that emergencies exacerbate existing inequalities. This is particularly relevant for gender equality, as the little progress that has been made is often lost in the wake of an emergency. The COVID-19 pandemic has been an unprecedented emergency, which has driven women out of the workforce, children out of school, and isolated people from important social services and safety nets. Inequalities that already existed, such as girls having less access to school, a higher burden of care work at home, less time for homework, and less access to medical services, only get worse in an emergency.

Mental Health in the pandemic: COVID-19 has inadvertently led to unprecedented interruptions to the daily lives of young people across the globe and it is anticipated that these disruptions may be precipitants of mental illness, including anxiety, depression and/or stress-related symptoms.²² This has been corroborated by a rapid youth survey conducted by IPPF South Asia Region Office amongst the young people in nine (9) countries of the region. 42.8% of the participants have felt persistently anxious or agitated with two of the primary reasons for anxiety being family health (79.1%) and missing out on academic sessions (46.4%).²³

A similar study was done by DASRA to understand the ways in which the lockdown and pandemic have affected key dimensions of the lives of young people highlighting that incidents of young people displaying symptoms of mental ill-health during the period of the lockdown were considerably higher. Within this cross-section, the feelings of sadness or depression lasting several days or longer were higher for girls (43%) as compared to boys (36%).²⁴ The factors leading to the mental health concerns shared could be devoted to the rise in domestic violence, increase in household work, reduced access to support networks and friends and curtailed access to information and services for girls.

Sexual and gender-based violence: Adolescents – especially adolescent girls – are particularly vulnerable to increases in sexual abuse, unintended pregnancies and gender-based violence. The disruption of social and protective networks and decreased access to family planning information and services exacerbate the risk of abuse and discrimination increase manifold. The discomfort, reticence and biases about acknowledging adolescents as sexual beings may be even stronger in times of crisis such as the pandemic. It increases their vulnerability to mental health issues as well.²⁵ They represent the intersection where investing in their health and well-being would be an investment towards building progressive, sustainable and resilient communities for

²² Racine, N., Cooke, J. E., Eirich, R., Korczak, D. J., McArthur, B., & Madigan, S. (2020). Child and adolescent mental illness during COVID-19: A rapid review. *Psychiatry research*, 292, 113307.
<https://doi.org/10.1016/j.psychres.2020.113307>

²³ To request for link

²⁴ Dasra (2020) Lost in Lockdown: Chronicling the Impact of COVID-19 on India's Adolescents. Mumbai: DASRA. Available at: https://www.dasra.org/assets/uploads/resources/Lost%20in%20Lockdown_Dasra_vf.pdf

²⁵ UNFPA (2020). Responding to the Sexual and Reproductive Health Needs of Adolescents During the COVID-19 Crisis. Available at: <https://www.unfpa.org/resources/responding-sexual-and-reproductive-health-needs-adolescents-during-covid-19-crisis>

tomorrow. However, the COVID-19 pandemic has critically disrupted the steady progress that had been achieved over the years in advancing young girls' access to SRHR. The unequal access to information, education, services and opportunities disproportionately affected young girls and clawed back gains on reducing practices that harmed girls' SRHR, including incidences of sexual and gender-based violence, forced marriages and school dropouts. Young girls' access to contraception and safe abortion, along with ARVs and STI treatments have been especially compromised during this.

As governments and donors look to the future and recover from the COVID-19 pandemic, we must take the opportunity to build back equal and create more inclusive and sustainable societies for all, including adolescent girls.

3. Current Policy Situation

The importance of the sexual and reproductive health and rights (SRHR) of adolescents and young people has slowly received increased recognition since the landmark International Conference on Population and Development (ICPD) in 1994. While aspects of adolescent health were included in the Millennium Development Goals, it was not until the Sustainable Development Goals (SDGs) in 2015 that the focus grew, most notably through Goal 3 (health), Goal 4 (education) and Goal 5 (gender equality), and includes a target 5.3 on eliminating all harmful practices including child, early, and forced marriage.

Closer to home, the 2013 Asia Pacific Ministerial Declaration on Population and Development (APMD 2013)²⁶ identified adolescents and young people as a priority area of action, and explicitly highlights the SRHR needs of adolescent girls under Paragraphs 33 and 59 (comprehensive sexuality education). The APMD 2013 also made specific mentions under paragraph 85 (life course approach) and Section C (*Sexual and reproductive health, services and rights*). The Declarations also specifically addressed *adolescents and young people* under Section F.

However, progress remains slow for many adolescent girls. Organisational and government efforts remain uncoordinated: unable to address the full spectrum of adolescent girls' needs worldwide or to create lasting change within systems and structures where gender and other inequalities exist.

4. Key Recommendations

Prioritizing girls' and women's health is important to building healthier economies, societies and communities. Most countries in the Asia Pacific have introduced legislation, policies and

²⁶ UN Economic and Social Commission on Asia and Pacific (ESCAP) (2013). Sixth Asian and Pacific Population Conference Report. Available at: https://www.un.org/en/development/desa/population/publications/pdf/policy/Compendium/Volume%20II/i_Chapter%204.pdf

programmes to address key priorities such as child marriage, adolescent pregnancy, comprehensive sexuality education, and adolescent-responsive health care. However, implementation and quality assurance remain challenging in many settings. Reaching those most left behind by health, education and social protection interventions require structured policy initiatives across multiple forms of marginalisation.

GENDER RESPONSIVE POLICY-MAKING INCLUDING FINANCING

By recognising the interrelated nature of girls' social, economic, and sexual and reproductive health vulnerabilities, governments should establish an **integrated, multi-sectoral rights-based policy framework that aims to directly address social and other determinants of health, in combination with the gender inequalities adolescent girls face.**²⁷ Governments should recognize intersecting and systemic discrimination in law and in practice where applicable and implement policies addressing its compounded impact on women and girls. Understanding the multiple and intersecting forms of marginalisation faced by adolescent girls will require **placing girls in the centre of agenda-setting and ensuring meaningful participation in decision-making processes and the subsequent implementation and evaluation phases.**

Governments must commit health, education and social sector financing to ensure **adequate and accessible long-term financing for adolescent girls-focused programming** to address social and health needs and concerns, and harmful social and gender norms faced by adolescent girls. This includes removing out-of-pocket expenditures for SRH services to all adolescents and young people and creating **participatory and responsive funding** for adolescent girls-led and -focused organisations and movements to empower adolescent girls at the grassroots level.

DATA AND ACCOUNTABILITY

According to a recent study by WHO and Guttmacher Institute, an increase in investment into sexual and reproductive health data collection at the country level is essential to understand the causes and impacts of unintended pregnancies on women's and girls' rights, making smarter policies and investment decisions that deliver impact, and to ensure improved access to healthcare and provision of services.²⁸ **Evidence-informed decision-making is critical to focus resources on implementing interventions that have positive desired outcomes.** However, the nature of and issues faced by adolescent girls are not easily analysed through strict research designs.

Data and Information: One particular challenge as we work to address the increasing inequalities during and beyond the pandemic is the lack of data on what people, particularly adolescent girls,

²⁷ Association of Southeast Asian Nations (ASEAN) (2017). ASEAN Declaration on the Gender-Responsive Implementation of the ASEAN Community Vision 2025 and Sustainable Development Goals <https://asean.org/wp-content/uploads/2021/01/ASEAN-Declaration-on-the-Gender-Responsive-Implementation-of-the-ASEAN-Community-Vision-2025-and-Sustainable-Development-Goals.pdf>

²⁸ First-ever country-level estimates of unintended pregnancy and abortion (2022, March 24). Available at: <https://www.who.int/news/item/24-03-2022-first-ever-country-level-estimates-of-unintended-pregnancy-and-abortion>

are experiencing. It's important in these instances to make space for anecdotal evidence, such as the many stories we are hearing from communities. These stories include increases in child marriages, girls having significantly less access to digital resources, girls having significantly less free time as their burden of care work has increased, and fears that girls will not be able to return to school once they are allowed, just to name a few. We must take these stories seriously, and in light of the lack of broader data, act on these problems which are being presented. **Data and information collected should reflect the evidence and sociocultural, political, and economic contexts that affect adolescent girls.** Governments should use a wide array of evidence including research, monitoring and evaluation (programme data and local data), government reports and policy documents, and other forms of information and data.

BODILY AUTONOMY

Not only is access to sexual and reproductive health essential to respect rights, but it is also a sound economic investment - according to Family Planning 2030, every USD1 spent on increasing family planning services yields USD120 in health and economic benefits.²⁹ Any approach to SRHR and wellbeing must recognize the larger environment influencing adolescents' and youths' opportunities, abilities, and motivation to shape the lives they want. Governments must address the determinants of adolescent and youth SRHR through:

- urgent and focused attention to **address harmful social and gender norms that still surround adolescent girls' sexual and reproductive rights** in each country;
- **integration of adolescent SRH services to universal health coverage (UHC) schemes** and included in all relevant health policies, strategies and programmes responsive to the needs of all adolescents, particularly adolescent girls;
- **prioritise access to quality, affordable and stigma-free comprehensive SRH information and services for adolescents as a critical and life-saving intervention in humanitarian settings.**
- Work towards the **elimination of all forms of sexual and gender-based violence and discrimination, including harmful practices;**
- **establish accessible protective mechanisms** such as GBV prevention and response services for adolescent girls experiencing violence through multi-sectoral collaboration

COMPREHENSIVE SEXUALITY EDUCATION

Access to inclusive lifelong high-quality education for girls, in a safe school environment, which challenges discriminatory social norms and promotes gender equality is fundamental to supporting progress for girls. Governments must **establish an education framework that integrates rights-based and gender-transformative comprehensive sexuality education for all children and young people both in-school and out-of-school settings** is key to increasing girls' agency and decision-making power.

²⁹ FP 2020. Family Planning's Return on Investment.

Available at: https://fp2030.org/sites/default/files/Data-Hub/ROI/FP2020_ROI_OnePager_FINAL.pdf