Youth SRHR Research Digest.

SheDecides.

Youth SRHR Research Digest

Research Digests are a new product we are launching to help SheDecides Champions and allies navigate the newest evidence on selected issues. This edition focuses on **adolescents' and young people's health and wellbeing**.

This digest was authored by Lara Jean Cousins, an expert researcher. **It provides a quick overview of the key message takeaways and backing data points from the latest evidence on youth sexual and reproductive health and rights (SRHR)** primarily published from 2020 to 2024; summaries of the included publications along with key highlights; and the recommendations from the literature covered.

It is important to note we have **not** included every single publication - we have prioritised peer reviewed materials and research with significant sample sizes of regional and/or global scope. We have not included publications that focused exclusively on policy recommendations, nor have we included materials that focus on qualitative storytelling or case studies. We have included hyperlinks to the publications wherever possible. For publications that are not open access, we have a copy available on request.

We hope Champions and allies will be able to **use the Research Digest to quickly grasp the latest evidence and identify key resources for crafting evidence-based funding, policy, and programming recommendations**, emphasising the need for sustained investment in and attention to young people's SRHR.

Contents

Use the quick links below

Background: Overview of SRHR.

Background: Overview of SRHR

Sexual and reproductive health and rights (SRHR) are a set of existing civil, political, economic, social, and cultural human rights that are recognised in national laws and international human rights treaties ratified by governments worldwide[1].

Reproductive rights were first recognised by governments as existing human rights at the 1994 International Conference on Population and Development (ICPD), when 179 states adopted the groundbreaking ICPD Programme of Action, also affirming young people and adolescents are rights holders in regards to their sexual and reproductive health (SRH).

Since then, this recognition has evolved through elaborations and comments by various Human Rights committees[2] overseeing the implementation of Human Rights treaties and instruments, as well as by other Human Rights bodies[3]; and through regional human rights instruments. Over the last 15 years, moreover, the recognition of young people's rights to sexual and reproductive health and information has been strengthened in other regional and global platforms, such as in ICPD Beyond 2014 regional agreements[4]; the 2030 Agenda for Sustainable Development; the Nairobi Summit Commitments on ICPD25; and the Generation Equality Forum.

As such, there is a useful global framework in place regarding SRHR, reinforced by HR treaties, international consensus documents and other commitments, and notable progress[5] has been made worldwide. **Across different countries and regions, however, adolescents and young people continue to face numerous policy, social, cultural, gender, and legal barriers that hinder their ability to realise their SRHR.**

1 These Human Rights treaties include but are not limited to: the International Covenant on Economic, Social and Cultural Rights (ICESCR); the International Covenant on Civil and Political Rights (ICCPR); the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child (CRC); and the Convention on the Rights of Persons with Disabilities (CRPD).

2 See for example the Committee on the Rights of the Child (2016), General Comment No. 20 (2016) on the Implementation of the Rights of the Child During Adolescence; the Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22(2016) on the Right to Sexual and Reproductive Health; and Mofokeng, Dr. Tlaleng et al (2023), A Compendium on Comprehensive Sexuality Education,

3 See for example the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (2016), Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health.

4 These include the Asian and Pacific Ministerial Declaration on Population and Development, the Addis Ababa Declaration on Population and Development in Africa Beyond 2014, the Cairo Declaration, and the Montevideo Consensus on Population and Development.

5 Guttmacher-Lancet Commission (2018), Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission.

In many cases, a lack of political will and investment has stalled progress. Conservative and more organised opposition across the globe, moreover, reinforced by populist political leaders, regressive policies, and the reinvigoration of nationalism, racism, xenophobia, homophobia, transphobia, and anti-feminism are increasingly undermining gender equality and SRHR-related gains.[6] Even before COVID-19, there were trends of eroding services, funds, and political accountability for SRHR. The pandemic then exacerbated these tendencies, while deepening inequalities and disparities[7]. There is thus an urgent need to adopt and uphold a more comprehensive, holistic view of SRHR, as articulated by the Guttmacher-Lancet Commission in **Text Box 1**.

Text Box 1

The Guttmacher-Lancet Commission definition of sexual and reproductive health and rights:

"Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. **All individuals have a right to make decisions governing their bodies and to access services that support that right.** Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence."

6 McGovern et al (2022), Sexual and Reproductive Justice as the Vehicle to Deliver the Nairobi Summit Commitments, p. 42; Cousins and Sharma (2023), The Heart of the Matter: Embrace the Reality of Young People's Sexual and Reproductive Health and Rights Today.

7 Luchsinger (2021), No Exceptions, No Exclusions: Realising Sexual and Reproductive Health, Rights and Justice for All, p. 11.

Key Message Takeaways.

General

There is a lack of age- and gender-disaggregated data within the humanitarian sector, and international aid more generally.

- Recent global and regional research is limited and/or unavailable regarding (youth) SRHR funding flows, the impact of investing in youth SRHR, and youth and abortion. Global and regional research is somewhat more available regarding comprehensive sexuality education (CSE) and youth access to services.

- Where research or data is available, it often stems from studies in high-income countries such as the United States, or countries in Western Europe. In so far as research pertaining to the Global Majority, regional representation is uneven. There seems to be more research initiatives and data regarding young people's SRHR in Sub-Saharan Africa, than in other regions such as Asia-Pacific or Latin America and the Caribbean (including in "global" systematic reviews and meta-analyses).

- Although data on wealth disparities is relatively available, there is a significant gap in disaggregated data that captures age, gender, and other forms of marginalisation-particularly within the humanitarian sector and broader international aid systems. Adolescents for whom data is particularly limited and whose needs are frequently overlooked include those under 15, adolescents with disabilities, racial and ethnic minorities, indigenous populations, and LGBTQI+ youth.

Funding Flows Regarding (Young People's) SRHR

- **Very little data regarding the state of funding flows for youth SRHR is available**. Data tends to be more available regarding funding flows and/or assistance for gender equality and women's empowerment more broadly, with some tracking of adolescent-targeted funding from gender equality donors. There is also some tracking of broader SRHR funding.

- Global ODA spending on adolescent girls seems to be flatlining and even declining. From 2020 to 2021, the percentage of gender- and adolescent-targeted ODA as a share of overall ODA decreased from 5.6% to 5.5%. **Bilateral donor funding towards programming that clearly identifies "adolescents" as a target population group also decreased significantly, from USD$1.6 billion to USD$1.3 billion.**

- **Only 46 out of all 396 Generation Equality financial commitments mention youth and/or adolescents**, mostly in the combination "women and girls," and it is often unclear how much of the committed funding is going to youth/girls and how much to other groups.

- Adolescent girls in particular are rarely disaggregated within the populations of women, children, and youth. Current international aid accounting systems do not facilitate easy tracking of donor commitments and funding specific to young women and girls, and a coherent adolescent girls funding field does not yet exist.

- Girl- and youth-led organisations continue to struggle with accessing funding, particularly long-term, flexible support that would enable their organisational growth and broader impact. Many of them thus operate with minimal or no financial resources, at small scales, and/or for short periods.

- Donors and duty-bearers need to re-examine risk, recognising the greatest risk is not investing in the (young) feminist leaders and organisations that are actively tackling systemic injustice—and facing well-funded opposition.

Impact of (Youth) SRHR Investment Flows

- Data tends to be more available regarding the impact of investing in SRHR more broadly, versus the impactof specifically investing in young people's SRHR.

- Evidence regarding the impact of investing in youth SRHR tends to focus on the impact resulting from meeting adolescents' contraceptive needs, rather than the impact from investing in other components of young people's SRHR (e.g. access to safe abortion services).

- **Where available, evidence indicates that investing in young people's SRHR has the potential to yield positive social, economic, and health impacts for young people, their families, and their communities.** These benefits include reduced unintended pregnancies, maternal and child deaths, unsafe abortions, and health-care costs for pregnancy, delivery and post-abortion care. Some research indicates that investing in youth SRHR stands to yield particularly high impacts when combined with other interventions such as cash transfers and parenting programmes, including additional outcomes such as improved child nutrition and employment opportunities, among others.

- Investing in adolescent girls is not only the right thing to do in terms of realising gender equality and the rights of girls and women; it is also the smart thing to do financially. For example, **if contraceptive services and pregnancy-related and newborn care for adolescents are invested in simultaneously, each additional dollar spent on contraceptive services above the current level would reduce the cost of pregnancy-related and newborn care by USD$3.70**.

- Financing incentives should explicitly target adolescent-responsive actions, in order to ensure that adolescents' needs are not overlooked or subsumed within broader population groups (e.g. women, children).

- In order to increase the impact of SRHR investment, a multisectoral approach to adolescent SRHR is needed, with coordination and collaboration across different agencies (e.g. health, education, youth, labor, women and gender, and social protection), as well as across government, civil society, and the private sector.

Young People and Abortion

- **Recent research on young people and abortion is very limited,** particularly at regional or global levels. Further research regarding young people and abortion is needed, particularly in regions such as Latin America and the Caribbean and Asia-Pacific.

- Available research indicates that the abortion decision-making process of adolescents and young women is shaped by various personal, interpersonal, and social circumstances. In particular, young women who are economically dependent on their parents are often left in a vulnerable position.

- Because of unaffordable costs in obtaining abortion services, adolescent women are at a particular risk of following abortion trajectories that result in unsafe abortion.

- Barriers such as mandatory waiting periods, third-party authorisation from spouses, parents, or courts, and unnecessary medical tests can delay access to abortion care, particularly for adolescents and young women.

- In Sub-Saharan Africa, research indicates that abortion incurs significantly higher social and health costs for adolescents than for older women.

Barriers such as mandatory waiting periods, third-party authorisation from spouses, parents, or courts, and unnecessary medical tests delay access to abortion care, particularly for adolescents and young women.

Comprehensive Sexuality Education

- Successful CSE interventions not only have favourable sexual and reproductive health outcomes such as reducing adolescent pregnancy and STIs, but also mental health outcomes such as enhanced self-esteem and self-efficacy, and reduced depressive symptoms among adolescents and young people.

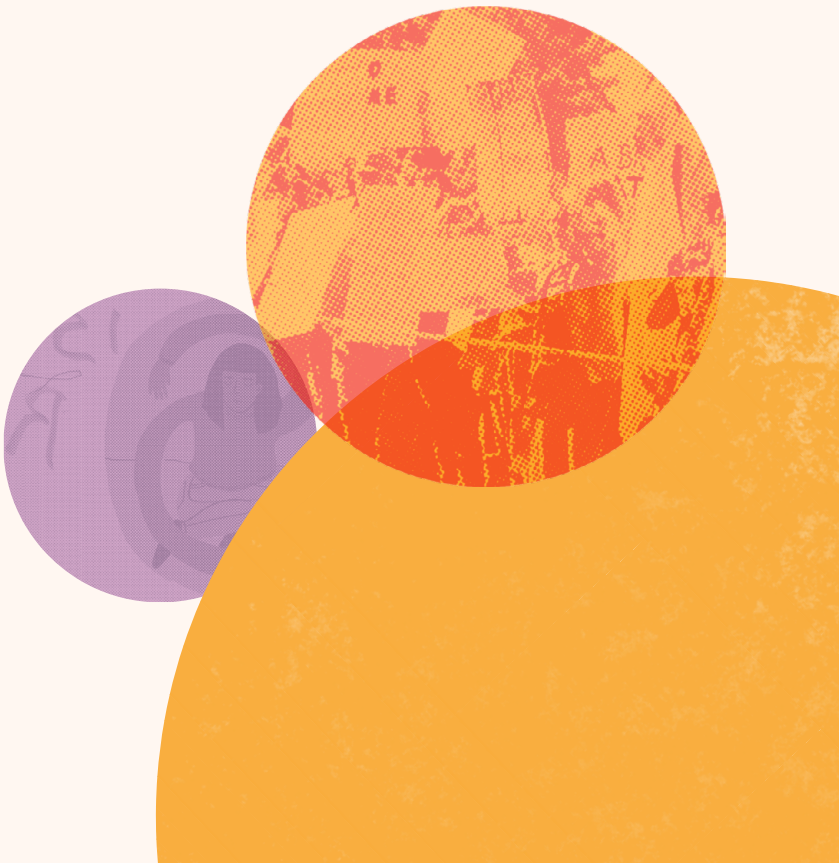
- While the majority of countries worldwide have policies or laws relating to sexuality education, policy and legal frameworks do not always entail comprehensive content or strong implementation.

- CSE curricula often lacks the breadth of topics required to make sexuality education effective and relevant. **Curriculum content is often stronger for older age groups than younger ones.**

- Programmes and education which capture a full working understanding of sexual health, acknowledging that sexual experiences can be "pleasurable," have shown to improve not only knowledge and attitudes around sexual health, but also safer sex practices. **Future research should consider ways to add pleasure in SRHR programming.**

- The rollout of **CSE interventions highly depends on the availability of training resources, manuals, skilled teachers, and financing**. Multi-component interventions that involve parents and community members are also common among effective SRH interventions.

- CSE has the greatest impact when school-based programmes are linked with youth-friendly SRH services.



Youth and Access to Services

- **Almost one in five countries worldwide impose restrictions on access to contraceptive services**. Restrictions based on third-party authorisations and age are the most common forms of legal restrictions, disproportionately impacting young women.

- Limited access to youth-friendly healthcare services was reported in various countries during the COVID-19 pandemic, including contraception, menstrual products, and HIV treatment.

- Even when countries do not have formal restrictions, adolescents often encounter provider bias and/or discrimination in various forms.

- Effective ASRHR programmes use a multisectoral service delivery model and provide services that are adolescent-responsive, high-quality, integrated, free or low-cost, through a variety of platforms.

- **Among adolescents using modern contraceptives, nearly 90% use short-acting methods** (e.g. condoms, pills, and injectables).

- More research is needed regarding telehealth interventions targeting adolescents and young people from Global Majority regions, to better test telehealth strategies for improving young people's access to SRH information and services.

Research Overview.

Funding Flows Regarding (Young People's) SRHR

Anton et al (2024),
Opportunities and challenges for financing women's, children's and adolescents' health in the context of climate change.

This article explores the opportunities and challenges for health financing, climate finance, and co-financing schemes to enhance equity and protect women, children's, and adolescents' health (WCAH), while supporting climate goals.

- Climate adaptation is rarely integrated within WCAH programmes, and WCAH and wellbeing is not mainstreamed in climate policies and financing.
- For climate finance to be effective, climate mitigation and adaptation plans must be equitable, as well as gender- and age-responsive.
- There is potential for greater use of existing climate finance as well as leveraging of additional funding, so as to enhance the resilience of WCA and address the health impacts of climate change.

Arutynova et al (2023),
Resourcing Girls to Thrive: Research Exploring Funding for Adolescent Girls' Rights.

This report provides a feminist sensemaking of the adolescent girls' funding landscape.

- Most funding situates girls solely as beneficiaries rather than political actors, and offers restricted or project-based funding which most often does not reach girls directly.
- The disaggregation of adolescent girls within the populations of women, children, and youth is almost nonexistent, entailing their needs are often lost or overlooked.
- SRHR is on the agenda, but very little funding is flowing to sexual health and rights.
- Many factors contribute to the development sector's reluctance to fully recognise — and financially support — adolescent girls' rights, and in particular their sexual and reproductive rights. These include not only an individual funder's own perspective and position, but also the political, legal, and cultural context in many recipient countries, where girls' SRHR may often be constrained by law and social norms.

AWID (2021),
Where is the Money for Feminist Organizing? Data Snapshots and a Call to Action.

This brief assesses funding flows to identify available funding for feminist organising in the development and philanthropic sectors.

- Between 2013-2017, the "anti-gender" movement received over USD$3.7 billion in funding – more than triple the funding for LGBTQI+ groups globally over the same period of time.
- 99% of development aid and foundation grants still do not directly reach women's rights and feminist organisations. Those working at intersecting forms of marginalisation (e.g. LGBTQI+, indigenous, young feminist, and sex worker groups) are funded even less.

Bridgespan and Shake the Table (2022),
Lighting the Way: A Report for Philanthropy on the Power and Promise of Feminist Movements.

This report offers ideas for philanthropists, including those whose core focus is not gender equality, regarding ways to better connect with feminist movements.

- Philanthropists should re-examine risk, recognising the greatest risk is not investing in the feminist leaders and organisations that are actively tackling systemic injustice—and facing well-funded opposition.
- In order to surface emergent groups and younger leaders, philanthropists should also shift their practices, where they fund across the ecosystem; provide long-term general operating support; invite grassroots feminist leaders to serve as advisors, paying them for their time and expertise; and use an open call process for at least part of their funding portfolio.

DAC Network on Gender Equality (2024),
Latest Data on Official Development Assistance (ODA) for Gender Equality and Women's Empowerment.

This document provides key facts and charts based on the latest data on official development assistance (ODA) for gender equality and women's empowerment.

- The share of ODA with gender equality as a policy objective has dropped after having been on the rise for a decade. In 2021-2022, this share stood at 43%, down from 45% in 2019-2020, a serious concern as the share indicates the policy intention of countries in providing their aid
- Only 4% of total bilateral aid was dedicated to programmes with gender equality as the principal objective, a similar share from the previous period.

Devonald et al (2023a),
Investing in Adolescent Girls: Mapping Global and National Funding Patterns From 2016-2020.

This study maps investments into adolescent girls to examine current investments and how funds are distributed, drawing on published data on ODA flows and key informant interviews with donors.

- In 2020, 5.56% of total ODA (USD$7.6 billion) from the top 10 gender equality donors was gender- and adolescent -targeted. 21.4% of this ODA (1.19% of total ODA) clearly identified adolescents as one of the target age groups.
- Although these findings paint a more positive picture compared to previous research from 2003-2015, considering the large adolescent and youth populations in many LMICs today (ranging from 25%-30%), the percentage of ODA spent on adolescents and youth (5.56%) in 2020 still remains low.
- ODA distribution is also highly unequal; some sectors receive the majority of this funding, particularly education (receiving 51% of gender-and adolescent-targeted ODA at the global level). Investments also appear to be unequally distributed between countries, with some receiving a much higher amount compared to their total adolescent population.

Devonald et al (2023b),
Investing in Adolescent Girls: Key Changes in the Bilateral Donor Funding Landscape - 2021 Update.

Building on Devonald et al's earlier report mapping investments in adolescent girls, this report provides an overview of key changes in the adolescent funding landscape by incorporating 2021 data from the top 10 bilateral donors providing support for gender equality.

- In 2021, gender- and adolescent-targeted ODA provided by the top 10 bilateral donors increased marginally to USD$7.7 billion (up from USD$7.6 billion in 2020). This increase, however, did not match the overall increase in ODA provided by these donors over this timeframe. As such, the percentage of gender- and adolescent-targeted ODA as a share of overall ODA decreased from 5.6% in 2020 to 5.5% 2021.
- From 2020 to 2021, bilateral donor funding towards programming that clearly identifies "adolescents" as a target population group decreased significantly, from USD$1.6 billion to USD$1.3 billion. In contrast, funding towards programming that identifies "youth" as a target population group increased from USD$1.9 billion to USD$2.7 billion, suggesting that there has been an increased focus onol der young people.
- The amount of aid that has gender equality as its main focus (i.e. as a principal objective) decreased significantly, from USD$1.7 billion in 2020 to USD$1.3 billion in 2021.

DSW (2024),
Donors Delivering for SRHR.

This annual publication analyses and ranks the latest data available to track the SRHR disbursements of members of the Organisation for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC) as part of their ODA - both through bilateral aid and multilateral channels.

- In 2022, donors delivered USD$14.18 billion SRHR funding (up by 11.5% compared to 2021); USD$1.9 billion in family planning funding (up by 4.6%), and USD$14.74 billion in RMNCH funding (down by 18.6%) .
- From 2021 to 2022, global SRHR funding increased by 11.5%. SRHR funding did not grow at the same rate as overall ODA, however, entailing that the share of ODA dedicated to SRHR decreased.
- In 2022, donors only allocated an average of 2.57% of their ODA to SRHR.

European Parliamentary Forum for Sexual and Reproductive Rights (2023),
SRHR Donor Funding Atlas.

This Atlas provides an overview of recent data regarding 30 donor countries' spending on SRHR programmes worldwide, as well as their related political commitment and policies in force.

- The top 10 donors to UNFPA overall funding in 2021 were Sweden, Norway, USA, Netherlands, Denmark, Canada, Germany, EU institutions, Finland, and Australia.
- In terms of political commitment, policies in force, and funding for SRHR, the top five scoring countries are Germany, Netherlands, Luxembourg, Sweden, and Norway.

European Parliamentary Forum for Sexual and Reproductive Rights (2021),
Tip of the Iceberg: Religious Extremist Funders against Human Rights for Sexuality & Reproductive Health in Europe.

This report compiles financial data from 2009-2018 of over 50 "anti-gender" actors operating in Europe.

- The report identifies USD$707.2 million in anti-gender funding over 2009–2018, originating from the United States, the Russian Federation and Europe.
- Over 2009-2018, annual anti-gender spending in Europe increased by a factor of four, starting from USD$22.2 million in 2009 to reach USD$96 million in 2018.

Guglielmi et al. (2024),
Resourcing Girl- and Youth-Led Sexual and Reproductive Health Rights Activism: Potential and Challenges.

This study explores girl- and-youth-led work on SRHR, to understand the contributions they make and the challenges they face.

- Investment in girl- and youth-led initiatives remains minimal.
- Girl- and youth-led organisations continue to struggle with accessing funding, particularly long-term, flexible support that would enable their organisational growth and broader impact. As a result, many of them operate with minimal or no financial resources, at small scales, and/or for short periods. This makes their initiatives unstable and hard to sustain, while also excluding girls and youth who cannot afford to work for free, leading to the under-representation of those from poorer backgrounds.

Gulrajani and Craviotto (2024),
Ringing the Alarm Bell? What Recent ODA Trends Indicate for Gender Equality.

This blog reviews preliminary 2023 figures for ODA in relation to development finance targeted for gender equality, highlighting several concerns based on emerging trends.

- Preliminary ODA figures for 2023 suggest there are worrisome reasons to believe global gender equality ambitions are scaling back. Notably, multilateral allocations have decreased by US$2 billion compared to last year, an important channel for directing gender-related resources within development finance.
- ODA to LDCs in 2023 remains below 2021 levels, and is growing at a slower rate.
- ODA fell in 2023 in countries that have a long history of championing gender equality and women's rights, such as Germany and France. France, the fourth largest donor for gender equality and women's empowerment (from 2019-2022), recently reduced its 2024 ODA allocation by €742 million, a 12.5% drop in its €5.9 billion budget.
- Further cuts to international aid are likely in 2024. For instance, the new right-wing coalition government in the Netherlands has announced a 66% cut to the development budget (US$6.4 billion).

Luchsinger (2021),
No Exceptions, No Exclusions: Realizing Sexual and Reproductive Health, Rights and Justice for All.

This 2021 Report of the High-Level Commission on the Nairobi Summit on ICPD25 follow-up is the Commission's first, aiming to guide and propel meaningful follow-up onthe commitments.

- Overall, governments and the international community have fallen short on their SRHR commitments. Moral and political failure can be seen in eroding services, lost financing, and diminishing political accountability.
- While countries have made commitments to expanding the reach of SRH services, no substantial change is apparent in allocations of additional funds. Some donors are also making radical and unjustifiable cuts.

Sekyiamah and Provost (2024),
We Need to Know the Humanitarian Sector Stands With Us:
The Active but Underfunded Role Young Women and Girls Play in Crises.

This report explores where and how young women and girls appear within existing formal frameworks in crisis responses.

- Women's rights organisations, movements and institutions received only 0.34% of total global aid flows in 2022, a decrease from 0.42% in 2020.
- Girls are not mentioned in most records of humanitarian spending – only 85 of more than 24,000 project records in 2022 mentioned "girls" in their titles. Even then, in many of these cases they often do not appear to be the focus; rather they are often referenced along with other groups (ex. "girls, boys, women, and men").
- Current international aid accounting systems do not facilitate easy tracking of donor commitments and funding specific to young women and girls in crises.
- Findings echo other research indicating a lack of age- and gender-disaggregated data within the humanitarian sector, and international aid more generally.

Walmisley et al (2024),
Any Better? A Follow-up Content Analysis of Adolescent Sexual and Reproductive Health Inclusion in Global Financing Facility Country Planning Documents.

A previous study from 2021 explored how adolescent sexual and reproductive health (ASRH) was addressed in Global Financing Facility (GFF) national planning documents across 11 GFF partner countries, in terms of programming content, indicators, and investment. This paper furthers that analysis for 16 GFF partner countries.

- Although adolescent health content tends to be strongest in countries with the highest proportion of births before age 18, there are exceptions in fragile contexts and gaps in addressing important issues related to adolescent health.
- Findings align with those of the previous study, whereby although adolescents are mentioned to some extent in most GFF country planning documents, they are inconsistently featured, while diminishing in focus when comparing programming content, indicators, and investment. Related issues, such as fistula, abortion, and mental health, are insufficiently addressed.

We are Purposeful (2022),
Generation Equality: The Time is Now to Re-Distribute Power and Resources to Girls and Young Feminists.

This report outlines recommendations for youth, funders, and stakeholders interested in the Generation Equality process, in the leadership and co-ownership of girls and young people in multilateral advocacy processes such as these, and/or in resourcing girl and young feminist groups more broadly.

- Only 46 out of all 396 Generation Equality financial commitments mention youth and/or adolescents, mostly in the combination "women and girls," and it is often unclear how much of the committed funding is going to youth/ girls and how much to other groups.
- Out of those 46 commitments, only 10 mention funding to youth-led or girl-led organisations or collectives.

For recommendations regarding SRHR funding flows, click here.

Impact of (Youth) SRHR Investment Flows

Global Financing Facility (2022),
Financing for Results to Improve Adolescent Sexual and Reproductive Health and Wellbeing: Entry Points for Action.

This paper presents suggestions for designing and adapting programs that aim to improve ASRHR outcomes, using approaches that link financing to results or performance.

- Recommendations include ensuring that financing incentives explicitly target adolescent-responsive action; incorporating adolescents' voices in program design; and undertaking a multisectoral approach to ASRHR, including collaboration across health, education, youth, labor, women and gender and social protection entities, as well as across government, civil society, and the private sector.

Grueso et al (2024),
Investment in Effective Programmes for Adolescent Girls – Global and Regional Benefit-Cost Ratio Estimates.

This study presents the state of evidence regarding cost-benefit analyses (CBA) of three specific types of social interventions regarding adolescent girls in LMICs, namely cash transfers, parenting, and SRH programmes.

- Investing USD$1 billion in cash transfers, parenting, and SRH programmes returns benefits between USD$ 3.9- 4.6 billion, including outcomes like maternal and infant mortality reduction, STI averted cases, improved child nutrition, and improved employment opportunities and wages, among others.
- This gives an average global benefit-cost ratio (BCR) of 4.2, and regional BCRs equivalent to a USD$1 billion investment resulting in USD$6.24 billion in Africa, USD$3.21 billion in Asia, and USD$3.17 billion USD in Latin America and the Caribbean.

Sully et al (2020),
Adding it Up: Investing in Sexual and Reproductive Health 2019.

This report presents the need for, impacts of, and costs associated with quality SRH service provision in LMICs. Chapter 5 focuses on adolescents aged 15–19, exploring some of the long-term benefits that accrue from investing in adolescents' SRHR.

- As of 2019, approximately 18 million women aged 15–19 use modern contraceptives, thereby preventing 10 million unintended pregnancies that would occur if these adolescents used no modern methods.
- If adolescent women's contraceptive needs were fully met, unintended pregnancies among women aged 15–19 in LMICs would decrease by 60%, from 10 million to 4 million per year; unplanned births would drop by 63%, from 3 million to 1 million per year; and abortions, most of which are likely to be unsafe, would drop by 58%, from 6 million to 2 million per year.
- Approximately 27,000 adolescent women per year in LMICs die from complications of pregnancy (including unsafe abortion) or childbirth. If all pregnant adolescents were to receive the recommended standards of care, adolescent maternal deaths in LMICs would drop by 54%, from 27,000 to 12,000 per year.
- If investments are made in contraception services and pregnancy-related and newborn care for adolescents and their newborns simultaneously, each additional dollar spent on contraceptive services above the current level would reduce the cost of pregnancy-related and newborn care by USD$3.70.
- While data on wealth disparities is relatively accessible, data that speaks to other key forms of marginalisation and discrimination is not. Adolescents for whom data is limited and whose needs are frequently overlooked include those under 15, adolescents with disabilities, racial and ethnic minorities, indigenous populations, and LGBTQI+ youth.

UNFPA (2023),
UNFPA Supplies Partnership Annual Impact Report 2023.

This annual report presents the 2023 results of the UNFPA Supplies Partnership, a Global Health Initiative that strengthens health systems through improving supply chains, advancing policy, diversifying financing and expanding access to quality-assured contraceptives and maternal health medicines in 54 low-income countries.

- The UNFPA Supplies Partnership is the world's largest provider of donated reproductive health commodities, spending USD$ 136 million to procure supplies in 2023.
- In 2023, contraceptives provided through the UNFPA Supplies Partnership had the potential to avert 9.5 million unintended pregnancies; 200,000 maternal and child deaths; and 2.9 million unsafe abortions.
- Reproductive health commodities provided through the Partnership in 2023 resulted in an estimated savings of USD$708 million to countries and families due to reduced health-care costs for pregnancy, delivery and post-abortion care (a more than five times return on investment).

UNFPA-UNICEF Global Programme to End Child Marriage (2024),
2023 Annual Results and Phase II (2020-2023) Report: Amplifying Change: Harnessing Collective Power to End Child Marriage.

In 2016, UNFPA and UNICEF launched a global programme to address child marriage in 12 of the most high-prevalence or high-burden countries. This annual report provides an overview of key results achieved over 2020-2023 through this programme.

- More than 20 million girls were reached with life skills and comprehensive sexuality education.
- The programme supported more than 20,500 service delivery points to provide quality health, education, and protection and GBV services for adolescent girls.

UNICEF et al (2024),
Right on the Money:
Making the Case for Rights-Based Investments in Adolescent Girls.

This brief highlights new research demonstrating the significant impact and economic return that stand to be gained from simultaneously investing in cash transfers, parenting support, and adolescent-responsive SRHR services in low- and middle-income countries.

- Investing in adolescent girls is not only the right thing to do in so far as promoting gender equality and the rights of girls and women, but also the smart thing to do financially.
- Every USD$1 spent on a combination of adolescent-friendly SRH services, cash transfers, and parenting programmes is expected to yield a return of USD$3.99-$4.50 globally, in terms of reduced maternal and infant mortality, averted STIs, improved child nutrition, child development, human capital accumulation, household consumption and income, employment opportunities, earnings, mental health and crime reduction.
- In a context where global ODA spending on adolescent girls is flatlining and even declining[8], investments in new interventions must achieve the greatest impact possible. Combining effective interventions such as adolescent-responsive SRHR services, cash transfers, and parenting programmes can promote more gender transformative outcomes by strengthening economic security, access to healthcare, and social support.

8 See Devonald et al (2023a) and Devonald et al (2023b), under the Funding Flows Regarding (Young People's) SRHR section of this digest.

WHO (2023),
Investing in Sexual and Reproductive Health and Rights: Essential Elements of Universal Health Coverage.

This technical brief provides an overview of key messages, actions, and policy recommendations regarding SRH services as essential elements of universal health coverage.

- A package of SRH services for approximately US$ 10.60 per person annually is projected to result in multiple health, social and economic benefits. These include a decrease in unintended pregnancies (68%), unsafe abortions (72%), and maternal deaths (62%); an increased ability of women and girls to exercise their rights; and increased participation of girls in schools, and women in the labour market.

Zhuang et al (2020),
Foreign Aid and Adolescent Fertility Rate: Cross-Country Evidence.

This study examines the role of official development assistance (ODA) in affecting adolescent fertility rates in LMICs, using data from 121 DAC-list countries over the period from 1995 to 2015.

- ODA has a beneficial impact by lowering the fertility rate among women aged 15-19, either directly or through the channel of income growth.
- Foreign aid appears to have a beneficial and statistically significant impact on the adolescent fertility rate.
- Findings suggest that health aid has a stronger effect than aid in other sectors.

For recommendations regarding how to strengthen the impact of (youth) SRHR investment, click here.

Young People and Abortion

Bankole et al (2020),
From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress.

This report provides a panorama of the incidence and safety of abortion in Sub-Saharan Africa, the extent to which the region's laws restrict abortion, and how these laws have changed between 2000 and 2019.

- The limited information available from women who disclose having had an abortion or who seek care for abortion complications indicate that Sub-Saharan Africa follows a general pattern: women seeking abortions are predominantly young, unmarried, still in school, not yet a mother, living in an urban area, and better educated and wealthier in comparison with the general population of women.
- Roughly 46% of unintended pregnancies among adolescents end in abortion, despite 90% of Sub-Saharan countries having restrictive abortion laws.
- Abortion incurs significantly higher social and health costs for adolescents than for older women. For example, adolescents tend to realise they are pregnant later than older women, take more time to decide on having an abortion, and need more time to acquire the money necessary to pay for one. These delays may result in adolescents seeking abortions later into pregnancy, increasing the likelihood that, compared to older women, they will require post-abortion care.

Center for Reproductive Rights (2022),
Factsheet: WHO's New Abortion Guideline: Highlights of Its Law and Policy Recommendations.

This fact sheet highlights core themes that are woven throughout the 2022 WHO Abortion Care Guideline.

- The factsheet includes a summary of the guideline's seven recommendations related to law and policy, including the evidence and human rights rationales behind each one, while also noting implications for adolescents and young women.

Janušonytė et al (2024),
International Support for Abortion Education in Medical Schools: Results of a Global Online Survey to Explore Abortion Willingness, Intentions, and Attitudes Among Medical Students in 85 Countries.

This study highlights findings from an online survey with 1,699 medical students from 85 countries, regarding abortion content in medical curricula and medical students' attitudes towards abortion provision. 67% of respondents were women and 87% were under 25 years old.

- Survey results indicate positive attitudes towards abortion provision, with 83% reporting that "access to safe abortion is every woman's right."
- Students reported a relatively high willingness to provide abortion professionally despite limited opportunities to learn about this care. This suggests that there is no lack of demand or interest in increasing medical knowledge on comprehensive abortion care, rather a lack of institutional will to strengthen course offerings and content.

Koiwa et al (2024),
Factors Influencing Abortion Decision-Making of Adolescents and Young Women: A Narrative Scoping Review.

This study maps the factors that influence adolescents and young women's abortion decision-making, and identifies the care and support that they need in their decision-making process. This scoping review considered 18 qualitative studies from 14 countries, including 1543 adolescents and young women participants.

- The abortion decision-making process of adolescents and young women is shaped by various personal, interpersonal, and social circumstances. In particular, young women who are economically dependent on their parents are often left in a vulnerable position.
- Young women experienced suffering, frustration, and lack of autonomy in making their preferred decisions.

Lokubal et al (2022),
Abortion Decision-Making Process Trajectories and Determinants in Low- and Middle-Income Countries: A Mixed-Methods Systematic Review and Meta-Analysis.

This article synthesises existing evidence on abortion decision-making trajectories and their determinants in LMIC contexts, to inform policy and further research on strategies to reduce unsafe abortion rates.

- Because of unaffordable costs in obtaining abortion services, adolescent women are at a particular risk of following abortion trajectories that result in unsafe abortion.
- Adolescents experience additional barriers in accessing post-abortion care including requirements for consent from parents or partners, or stigma.

Zia et al (2021),
Psychosocial Experiences of Adolescent Girls and Young Women Subsequent to an Abortion in Sub-Saharan Africa and Globally: A Systematic Review.

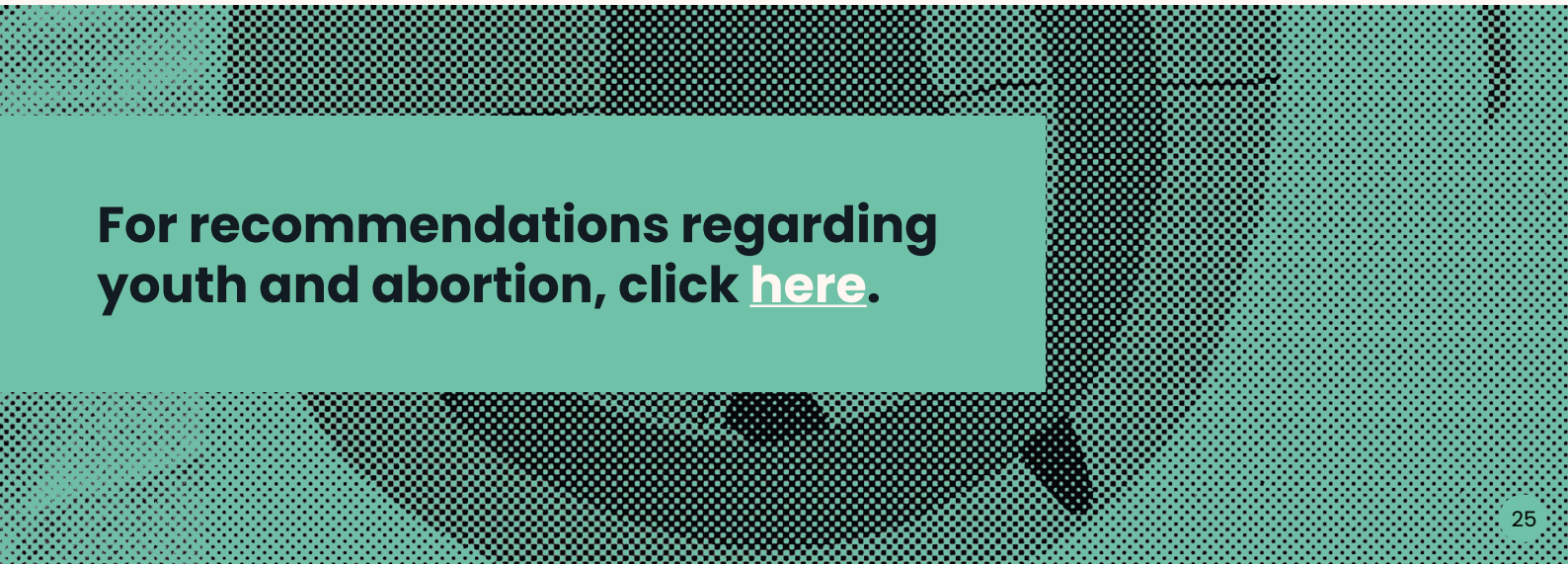
This systematic review consolidates data across 6 studies in Africa and 32 studies in other regions, regarding the experiences of adolescent girls and young women (AGYW) who have had an abortion.

- Due to the diversity of cultures and social contexts within and outside of Africa, there are notable differences in psychosocial outcomes among AGYW in high versus low-income settings, in countries where abortion is legal versus restricted or illegal, and between rural and urban areas. However, common themes such as societal and internalised stigma, parental, and partner involvement or lack thereof, and barriers in timely care were observed globally.
- Findings suggest that eliminating social and systematic barriers to safe and non-judgmental abortion care may alleviate the predominant experiences of isolation, violence, and secrecy that negatively affect the psychosocial outcomes and overall health of AGYW.

World Health Organization (2022),
Abortion Care Guideline.

This guideline presents the complete set of all WHO recommendations and best practice statements relating to abortion, including regarding clinical services, health systems, and law and policy, in the aim of enabling evidence-based decision-making with respect to quality abortion care.

- Barriers such as mandatory waiting periods, third-party authorisation from spouses, parents, or courts, and unnecessary medical tests can delay access to abortion care, particularly for certain groups such as adolescents and young women, and are unjustifiable by evidence.



For recommendations regarding youth and abortion, click here.

Comprehensive Sexuality Education

Chavula et al (2022),
Factors Influencing the Integration of Comprehensive Sexuality Education Into Educational Systems in Low and Middle-Income Countries: A Systematic Review.

This paper analyses factors pertaining to the rollout of CSE in LMICs, reviewing 34 articles from 19 countries in Africa, Asia and Latin America.

- The rollout of CSE interventions highly depends on the availability of training resources, manuals, skilled teachers, and financing. The perception of teachers, students, politicians, parents, and the community, also plays an influential role.
- Teacher training is one of the enabling factors regarding the integration of CSE into many schools. Including young people in curriculum development is also key to ensuring CSE content tailored to their needs.

Desrosiers et al (2020),
A Systematic Review of Sexual and Reproductive Health Interventions for Young People in Humanitarian and Lower-and Middle-Income Country Settings.

This review explores SRH interventions for young people in LMIC and humanitarian settings, to better understand both SRH and psychosocial components of effective interventions.

- Of effective SRH interventions, the most common SRH outcomes that improved over time were (a) effective contraception and condom use skills and (b) HIV and STI prevention knowledge.
- Psychosocial components of effective interventions included assertiveness training, communication skills, and problem-solving.
- Multi-component interventions for adolescents that involved parents and community members were also common among effective SRH interventions, suggesting that this could help raise awareness about youth sexuality and reduce stigma related to seeking SRH services.

IPPF (2021),
Technical Brief on Comprehensive Sexuality Education for Adolescents in Protracted Humanitarian Settings.

This brief presents promising practices to guide CSE provision in protracted humanitarian crisis environments, as well as an analysis of the current landscape of CSE programming, including regarding peer education in humanitarian settings.

- The peer educator model remains a popular method of delivering CSE in development and humanitarian programming, however, it has limitations. Five meta-analyses illustrated that peer education programmes mainly benefit peer educators rather than the intended beneficiaries. Programmes also often favour older adolescents and youth to become peer educators, ignoring the needs of Very Young Adolescents (VYA).
- Peer educators do contribute towards information sharing, however, and young people interviewed for the brief were keen to learn from them and to become peer educators themselves.

Meherali et al (2021b),
Interventions and Strategies to Improve Sexual and Reproductive Health Outcomes Among Adolescents Living in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis.

This systematic review of 54 studies identifies relevant community and school-based interventions that can be implemented in LMICs to promote adolescents' SRHR.

- Findings indicate that ASRHR education initiatives (school and community-based interventions, sports-based interventions, counseling based on cognitive behavioral therapy, multi-component interventions, and communication campaigns) are effective in improving young people's knowledge, attitudes, and practices regarding ASRHR.
- Significantly improved outcomes included the increased use of contraceptive methods, reduced sexual partners, adopting safer sexual behaviors, decreased STI and HIV rates, and increased use of ASRHR services.

Myat et al (2024),
School-Based Comprehensive Sexuality Education for Prevention of Adolescent Pregnancy: A Scoping Review.

This article reviews currently available evidence regarding school-based CSE aimed to prevent adolescent pregnancy.

- The number of concepts, components, duration and providers of CSE differed across the included studies. None of the interventions, however, fully adhered to the ITGSE recommended approach, indicating gaps in school-based CSE implementation.
- Only one fifth of the reviewed initiatives consisted of multicomponent interventions, where school-based programmes were complemented with adolescent friendly health services, parental engagement, and community involvement. This may be due to scarcity of resources.

Plan International (2024),
Real Choices, Real Lives.

This qualitative, longitudinal study follows the lives of over 100 girls and their families in Benin, Brazil, Cambodia, Dominican Republic, El Salvador, Philippines, Togo, Uganda and Vietnam, from the time of their birth in 2006 until they turn 18 in 2024. Through annual interviews with the girls and their caregivers, the study has explored various aspects of the girls' lives, including their time use, education, SRHR, and how they navigate gender norms.

- Despite growing up in diverse contexts, the cohort girls shared many common experiences during childhood and early adolescence (ages 10-14), including changing social expectations of their behaviour as they grew older, which often contrasted sharply with those placed on their male peers.
- As girls enter adolescence, their attitudes and opportunities are strongly influenced by key family relationships. Caregivers' concerns about girls' safety, reputation, and future prospects significantly affect how girls are raised and the freedoms they have.

Plan International (2022),
SRHR in Adolescence: Insights from the Real Choices, Real Lives Cohort Study.

Drawing on data from the Real Choices, Real Lives study, this report aims to understand the gender and social norms in key SRHR areas such as sexual education, puberty, menstruation, romantic relationships, teenage pregnancy, CEFMU, and GBV, from both the perspectives of girls and their caregivers.

- Rigid cultural and gender norms entail that SRH education at home and at school primarily focuses on ways to avoid pregnancy and violence, effectively excluding any discussion of girls' sexual wellbeing. Abstinence is highly valued, and advice shared places the onus on the girl to protect herself from unintended pregnancies, as well as from rape and other forms of sexual violence.
- Caregivers and girls feel ill-equipped to discuss SRHR. The lack of in-depth, meaningful conversations around SRHR both at school and at home leaves girls uninformed and ill-prepared to manage their own sexual and reproductive health, which often makes them more vulnerable to unintended pregnancies, CEFMU, and GBV.

Tohit and Haque (2024),
Empowering Futures: Intersecting Comprehensive Sexual Education for Children and Adolescents with Sustainable Development Goals.

This article provides a high-level review of how CSE intersects with various SDGs, offering insights into the role CSE can play in advancing sustainable development and empowering future generations worldwide.

- CSE aligns and has synergies with various SDGs, entailing it has the potential to contribute to outcomes such as improved health and well-being, quality education, gender equality, and reduced inequalities.
- Embedding CSE within the framework of the SDGs acknowledges that SRH education is crucial for sustainable development.

Torres-Cortés et al (2023),
Shared Components of Worldwide Successful Sexuality Education Interventions for Adolescents: A Systematic Review of Randomized Trials.

This study identifies the shared components of successful sexuality education interventions targeting adolescents, through a systematic review of randomised controlled trials in Africa, Europe, and North America over the last ten years.

- In terms of shared components, most reviewed interventions had a comprehensive approach (78%), participatory methodology (94.4%), and trained facilitators (94.4%).
- Not only are successful interventions effective in reducing pregnancy and STIs, research indicates they have favorable mental health outcomes. They enhance self-esteem and self-efficacy; reduce depressive symptoms; improve feelings of self-control, self-confidence, and self-image; and lower suicidality in LGBTQI+ adolescents.

UNESCO et al (2021),
The Journey Towards Comprehensive Sexuality Education: Global Status Report.

This report analyses global progress towards delivering quality school-based CSE to all learners.

- 85% of 155 countries surveyed have policies or laws relating to sexuality education. Policy and legal frameworks, however, do not always entail comprehensive content or strong implementation.
- 38 out of 48 surveyed countries (79%) said that the government allocates some financial resources to sexuality education in schools.
- CSE curricula often lacks the breadth of topics required to make sexuality education effective and relevant. Some topics (e.g. puberty, relationships, pregnancy and birth) are more likely to be well covered than others (e.g. accessing services, contraception, safe abortion).
- Curriculum content tend to be stronger for older age groups than younger ones. Research on students' perspectives indicates that they often feel that they received information too late, and would have preferred to begin sexuality education earlier in their schooling.
- In a survey of young people (age 15-24) in Asia and the Pacific, less than one in three believed that their school taught them about sexuality "very well" or "somewhat well."
- Many teachers report that they still lack the knowledge, skills and confidence to effectively teach a range of topics, or to use participatory methods that help students develop critical thinking and problem-solving abilities. Other challenges include insufficient time allocation within the school schedule, lack of planning of lessons, lack of available teacher time, insufficient materials, negative attitudes of staff and in some instances, fear of backlash from parents or colleagues
  .
- Opposition to CSE exists across a range of settings, often reflecting misinformation about its content, purpose or impact. Of 48 countries from Asia and the Pacific, Sub-Saharan Africa, Latin America and the Caribbean, and Europe and Central Asia, 40% reported that there are organisations or institutionalised campaigns against sexuality education.

UNFPA (2020),
My Body is My Body, My Life is My Life: Sexual and Reproductive Health and Rights of Young People in Asia and the Pacific.

This review provides an update to UNFPA's 2015 report, highlighting the current status of young people's SRHR in Asia and the Pacific to support informed policy, programming and advocacy.

- Less than a third of young people aged 15–24 have comprehensive knowledge of HIV, and less than 35% of young people report having received SRH information at school.
- No country in Asia and the Pacific currently provides a CSE school curriculum that meets international standards.

UNFPA (2022),
My Body, My Life, My World Operational Guidance: Module 3 - Comprehensive Sexuality Education.

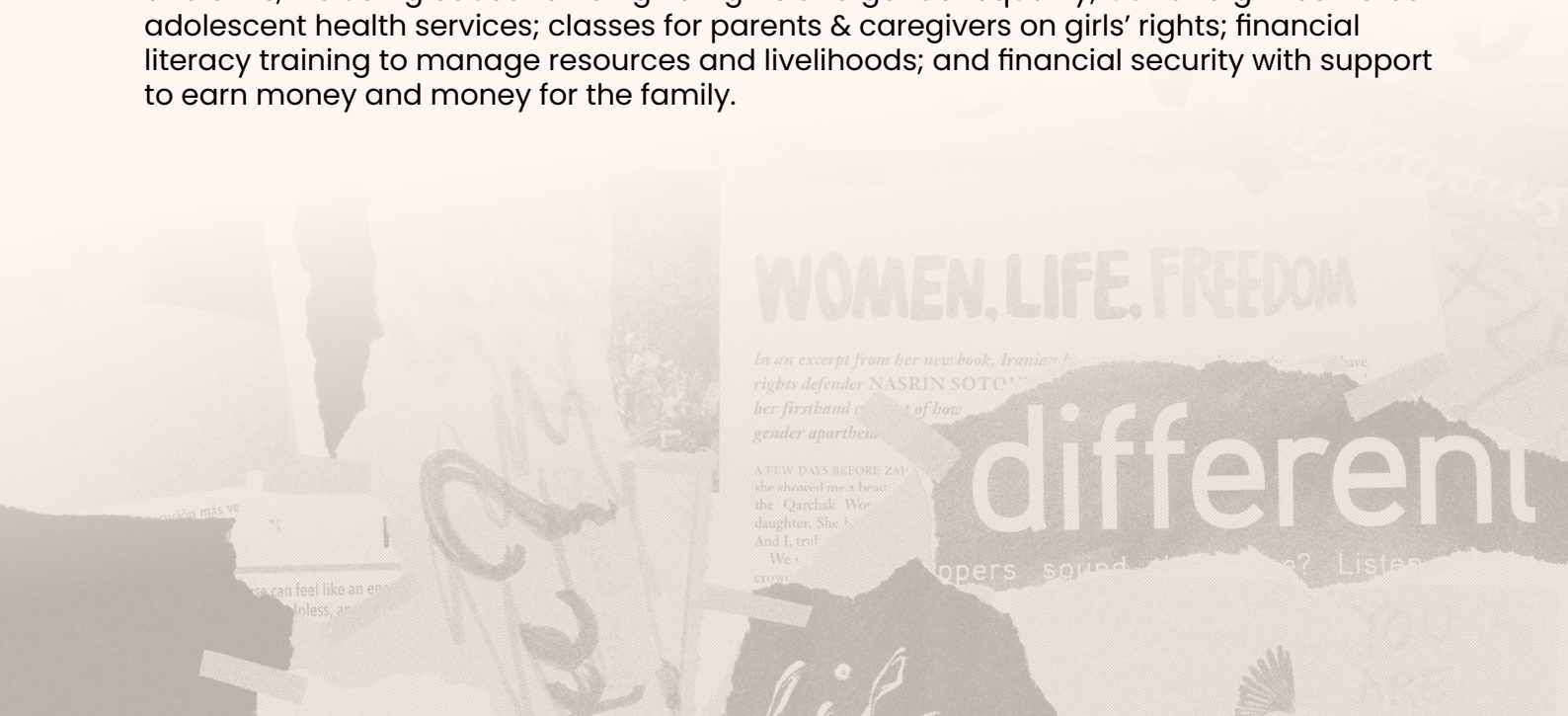
This resource discusses how to develop and deliver CSE programmes both in and out of school, with examples from a range of countries.

- Involving young people in meaningfully developing and delivering programmes is essential to ensure that the curriculum responds to their needs.
- Multicomponent programmes are important for reaching marginalised youth. Sexuality education has the greatest impact when school-based programmes are linked with youth-friendly SRH services.
- Teachers and CSE facilitators need training, including skills-strengthening to address sexuality accurately and clearly; reflect on their own attitudes and values in order to enhance their comfort in teaching; and employ active, participatory learning methods.
- Programmes that address both pregnancy prevention and STI/HIV prevention are more effective than single-focus programmes.
- Implementation fidelity leads to impact. When effective curricula are delivered as originally designed, without significantly altering the content or delivery methods, they are more likely to achieve the intended positive effects on young people's health outcomes.

UNICEF (2024),
Delivering with and for Adolescent Girls: Five Game - Changing Priorities.

This resource provides an overview of the findings from a UNICEF poll reaching nearly 590,000 adolescent girls, boys, young women, and young men, asking young people to vote for their policy priorities on gender inequality and advancing girls' rights.

- The five concrete policy priorities that emerged from this consultation were school access and skills, including education on girls' rights and gender equality; CSE and girl-centered adolescent health services; classes for parents & caregivers on girls' rights; financial literacy training to manage resources and livelihoods; and financial security with support to earn money and money for the family.



Zaneva et al (2022),
What is the Added Value of Incorporating Pleasure in Sexual Health Interventions? A Systematic Review and Meta-Analysis.

This review provides a meta-analysis of 33 sexual health interventions that incorporate pleasure.

- Programmes and education which capture a full working understanding of sexual health, acknowledging that sexual experiences can be "pleasurable," have shown to improve not only knowledge and attitudes around sexual health, but also safer sex practices.
- Future research in the field of SRHR should consider ways to add pleasure in SRHR programming.

Zhukov et al (2023),
Comprehensive Sexuality Education (CSE) Programming Adaptations in Response to Disruptions Caused by the COVID-19 Pandemic.

This commentary reviews COVID-19 disruptions to CSE programming, along with strategies to overcome related challenges, and the potential for digital technologies to deliver information and education in new ways.

- In addition to SRH information, CSE addresses issues and promotes skills learners need to strengthen resilience during challenging times. Thematic areas such as mental health, online safety and security, sexual health, and psychosocial support, all of which are included in the ITGSE, were identified as critical during the pandemic to ensuring young people's well-being.
- The digital divide has been a huge challenge during school closures, particularly in sub-Saharan Africa, which has the lowest rate of internet access at home. It is essential in the post-pandemic era to tackle the drivers of existing inequities, including regarding access to digital platforms and technology for girls, young women, and marginalised populations.

For recommendations regarding CSE, click here.

Youth Access to Services

African Committee of Experts on the Rights and Welfare of the Child (2022),
Teenage Pregnancy in Africa: Status, Progress & Challenges.

This study of teenage pregnancy in Africa reviews the status, prevalence, drivers and consequences of teenage pregnancy across the continent.

- Fourteen countries have achieved coverage of more than 80% in access to contraceptives among women aged 15–24. According to the WHO, however, roughly 47 million women and girls in Africa still have no access to modern forms of contraception.
- Services catering to pregnant teens and teen mothers' medical needs are often either non-existent or inaccessible, with pregnant adolescents often being forced to give birth unattended and outside the safety of health-care systems.

Alomair et al (2020),
Factors Influencing Sexual and Reproductive Health of Muslim Women: A Systematic Review.

This systematic review of fifty-nine studies from 22 countries identifies personal, religious, cultural, or structural barriers to SRH service and education among Muslim women.

- Unmarried Muslim women face greater difficulties accessing SRH services compared to married women. These difficulties are affected by culture, family, and characteristics of healthcare services provided. Social taboos surrounding premarital sex limit young women's SRH knowledge and access to services.
- Several factors could facilitate Muslim women's access to SRH education and services, for example labelling services as general instead of "reproductive" or "sexual."

Bankole et al (2020),
From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress.

This report provides a panorama of the incidence and safety of abortion in Sub-Saharan Africa, the extent to which the region's laws restrict abortion, and how these laws have changed between 2000 and 2019.

- Throughout the region, the period between the age at which women initiate sex and the age at which they marry is growing, during which adolescents may be exposed to heightened risk of unintended pregnancy. 46% of all pregnancies among adolescents in Sub-Saharan Africa are unintended.
- Many adolescents cannot financially afford modern contraception, and some hesitate to use contraceptive services due to concerns that providers will judge them for having sex before marriage. Many also mention concerns about side effects, infrequent sex, and others' opposition to their using contraceptives.
- The stigma that hinders adolescents' ability to access contraceptives also obstructs their ability to seek and receive postabortion care, illustrating the need for youth-friendly, destigmatised postabortion services.

D'Souza et al (2022),
Factors Influencing Contraception Choice and Use Globally: A Synthesis of Systematic Reviews.

This review synthesises global evidence regarding factors influencing contraception access, choice, and use, through an analysis of 24 systematic reviews.

- Factors affecting contraception use are strikingly similar among women in very different cultures and settings globally. These factors include the availability, accessibility, confidentiality and costs of health services; and attitudes, behaviour, and skills of health practitioners. Confidentiality is a particularly important factor for young people.
- A review of intrauterine contraception (IUC) revealed a lack of knowledge, training, and confidence among healthcare providers worldwide regarding the insertion of intrauterine devices, especially in nulliparous women.

Faroz et al (2021),
Using Mobile Phones to Improve Young People Sexual and Reproductive Health in Low and Middle-Income Countries: A Systematic Review to Identify Barriers, Facilitators, and Range of mHealth Solutions.

This review identifies a range of different mHealth solutions for improving young people's SRH in LMICs, and highlights potential barriers and facilitators for adopting mHealth interventions targeted towards young people.

- mHealth solutions may help address issues of provider bias, stigmatisation, discrimination, fear of refusal, lack of privacy and confidentiality, cost barriers, and transportation difficulties.
- Barriers to the uptake of mHealth solutions may include poor technological literacy, inferior network coverage, lower linguistic competency, high cost of service, and socio-cultural beliefs and expectations.

Ferguson et al (2024),
Why a Good Law is Not Always Good Enough: a Global Review of Restrictions to Supportive Laws for Sexual and Reproductive Health and Rights.

This research uses data from 153 countries' responses to the UN Inquiry in 2019 and 2021, to understand the interactions between supportive laws, associated restrictions, and other barriers, thereby providing insight into the populations and SRH services that are most affected by legal barriers, even where supportive laws exist.

- Restrictions based on third-party authorisations and age are the most common forms of legislative restrictions to SRH services, disproportionately impacting young women.
- Adolescent girls and young women seeking abortion or contraceptive services in sub-Saharan Africa are one of the populations most affected by legislative restrictions to SRH services.

Friedman et al (2024),
Providing Adolescent-Friendly Sexually Transmitted Infection Screening and Treatment Services. [9]

This review summarises recent international updates in adolescent STI screening and treatment.

- There are high rates of STIs worldwide, with the highest prevalence found among adolescents and young adults.
- Ways to address the STI epidemic among adolescents and young adults include reducing stigma surrounding sexual health, screening, and treatment of STIs, especially with the global rise in syphilis and high rates of gonorrhea resistance.
- Sexual health services are increasingly using virtual platforms. This may be an effective strategy for STI testing and treatment among adolescents and young adults.

Economic Commission for Latin America and the Caribbean (ECLAC) (2022),
The Sociodemographic Impacts of the COVID-19 Pandemic in Latin America and the Caribbean.

This report reviews the socioeconomic impacts of the pandemic in the region, and summarises the analyses that ECLAC has produced on the subject since early 2020.

- In a UN survey with close to 47,000 adolescents and youth, 53% stated that during the pandemic they experienced changes in their access to health services. Of youth who stated that they experienced changes in their access to SRH services, 43% shared it was impossible to attend health services, or that they purposely chose not seek health services during the pandemic. In 28% of cases, respondents said that the SRH services they needed were not being offered by health clinics.

9 Not open access, Interested readers can request a copy from the SheDecides Support Unit.

Guttmacher Institute (2020),
Adding it Up: Investing in Sexual and Reproductive Health in Africa.

This factsheet summarises findings specific to Africa from the global report, Adding It Up: Investing in Sexual and Reproductive Health 2019.

- In Africa, among women who want to avoid a pregnancy, the unmet need for contraception is higher for adolescents aged 15–19 than for all women aged 15–49 (55% versus 42%).

Guttmacher Institute (2020),
Adding it Up: Investing in Sexual and Reproductive Health in Asia.

This factsheet summarises findings specific to Asia from the global report, Adding It Up: Investing in Sexual and Reproductive Health 2019.

- In Asia, among women who want to avoid a pregnancy, the unmet need for contraception is higher for adolescents aged 15–19 than for all women aged 15–49 (51% versus 21%).

Guttmacher Institute (2021),
Adding it Up: Investing in Sexual and Reproductive Health in Latin America and the Caribbean.

This factsheet summarises findings specific to Latin America and the Caribbean from the global report, Adding It Up: Investing in Sexual and Reproductive Health 2019.

- In Latin America and the Caribbean, among women who want to avoid a pregnancy, the unmet need for contraception is higher for adolescents aged 15–19 than for all women aged 15–49 (21% versus 17%).

Huang et al (2023),
Applying Technology to Promote Sexual and Reproductive Health and Prevent Gender Based Violence for Adolescents in Low and Middle-Income Countries: Digital Health Strategies Synthesis From an Umbrella Review.

This umbrella review synthesises evidence in three inter-related areas of digital health intervention literature: SRH; GBV with a focus on IPV; and adolescent development and health promotion.

- Using digital health strategies for adolescent SRH promotion is highly feasible and acceptable. Evidence regarding the effectiveness of digital health interventions,however, is insufficient and mixed, particularly for tracking broader health and long-term SRH outcomes. More adolescent-specific research is needed.

Kirubarajan et al (2021),
Barriers and Facilitators for Cervical Cancer Screening Among Adolescents and Young People: A Systematic Review.

This review analyses the existing literature on barriers and facilitators for cervical cancer screening (CCS) among adolescents and young people worldwide.

- 72.2% of reviewed studies reported a lack of knowledge and/or awareness among young people regarding cervical cancer prevention.
- Barriers include concern about privacy from parents, transportation difficulties, and continuity of care after moving away for school. There were also concerns about pain, discomfort, and the intimacy of the pelvic exam, as this is generally the first invasive procedure many young people experience.

Kirubarajan et al (2023),
Awareness, Knowledge, and Misconceptions of Adolescents and Young People Regarding Long-Acting Reversible Contraceptives.

This meta-analysis of 40 studies describes the awareness, knowledge, and misconceptions of over 10,000 adolescents and young people regarding long-acting reversible contraceptives (LARCs).

- 62% of participants believed that IUDs are not suitable for individuals who have not yet carried a pregnancy to term, and 37% of participants believed that LARCs can cause infertility.
- Healthcare providers should counsel young people about the suitability and safety of LARCs for future fertility, and routinely clarify misconceptions at contraceptive visits, as patients may not readily share these concerns.

Meherali et al (2021a),
Impact of the COVID-19 Pandemic on Adolescents' Sexual and Reproductive Health in Low- and Middle-Income Countries.

This review identifies and assesses literature regarding the impact of the pandemic on adolescents' SRH needs and access in LMICs.

- Limited access to youth-friendly healthcare services was reported in various countries during the COVID-19 pandemic, including contraception, menstrual products, and HIV treatment.
- Telemedicine including adolescent-friendly phone lines was encouraged as means to provide advice on contraceptive self-use, available contraceptive options, and access to medical abortions and counselling.

Mukumba et al (2021),
Sexual and Reproductive Health Needs of Young People Living with HIV in Low- and Middle-Income Countries: A Scoping Review.

This scoping review summarises 27 studies from 11 countries in sub-Saharan Africa and Asia, examining the SRH needs of young people living with HIV (YPLWH) aged 10-24 years in LMICs.

- Findings suggest that YPLWH engage in sexual activities at similar rates to their HIV-negative peers. In addition, like their HIV-negative peers, YPLWH report inconsistent condom use, with less than half reporting condom use in their last sexual encounter.
- Providers prefer offering abstinence-based SRH education and counseling to YPLWH, indicating that they are not responding adequately to the needs of YPLWH, and that providers need guidelines along with additional training regarding the provision of SRH services to this population.

Ninsiima et al (2021),
Factors Influencing Access to and Utilization of Youth-Friendly Sexual and Reproductive Health Services in Sub-Saharan Africa: A Systematic Review.

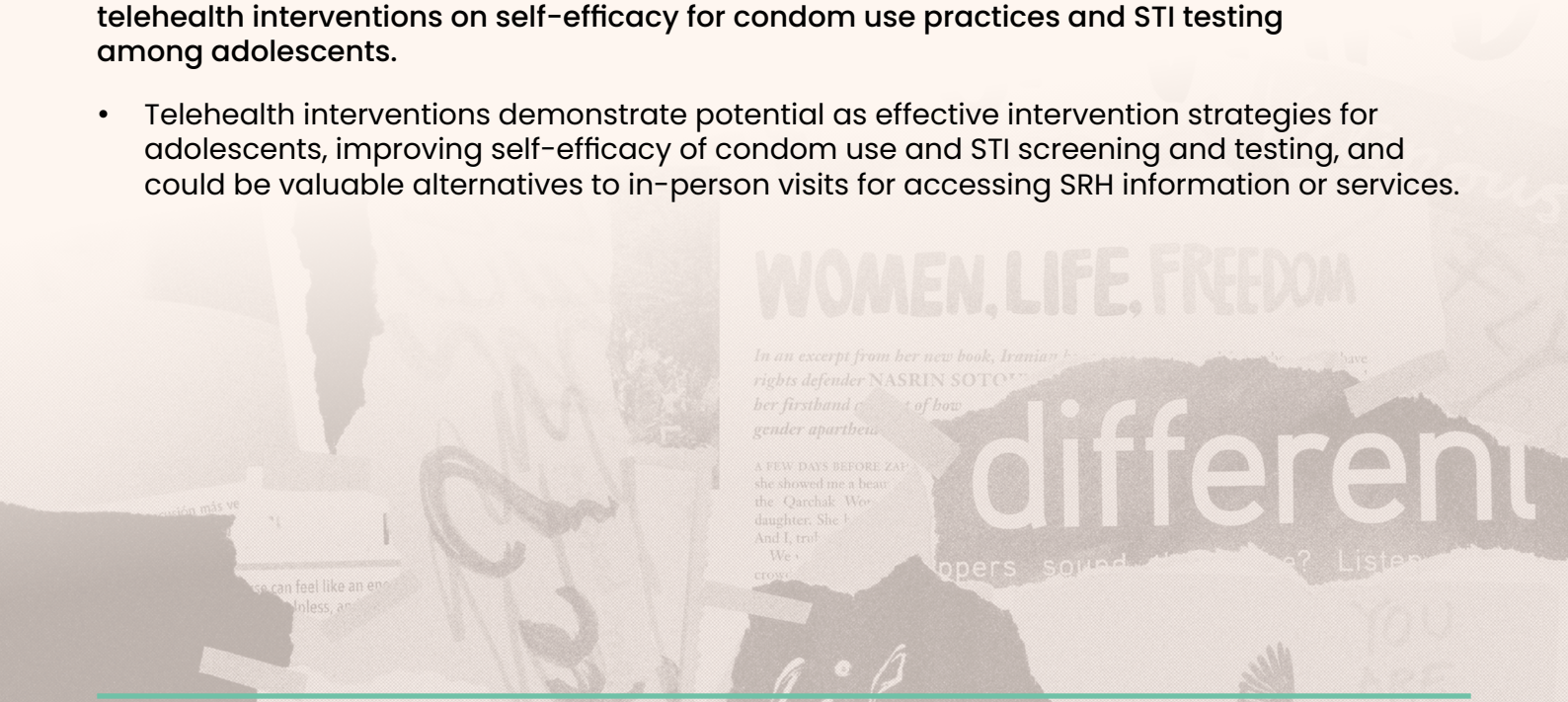
This review synthesises evidence on barriers and facilitators impacting access to and utilisation of youth-friendly SRH services, as well as recommendations to improve and scale-up these services in sub-Saharan Africa.

- Structural barriers were the most common, including negative attitudes of health workers, inconvenient hours, quality of services, and unskilled health workers.

Saragih et al (2024),
Effects of Telehealth Interventions for Adolescent Sexual Health: A Systematic Review and Meta-Analysis of Randomized Controlled Studies[10].

This global systematic review of 15 randomised control studies explores the effects of telehealth interventions on self-efficacy for condom use practices and STI testing among adolescents.

- Telehealth interventions demonstrate potential as effective intervention strategies for adolescents, improving self-efficacy of condom use and STI screening and testing, and could be valuable alternatives to in-person visits for accessing SRH information or services.



10 Not open access, Interested readers can request a copy from the SheDecides Support Unit.

Sully et al (2020),
Adding it Up: Investing in Sexual and Reproductive Health 2019.

This report presents the need for, impacts of, and costs associated with quality SRH service provision in LMICs. Chapter 5 focuses on adolescents aged 15–19, exploring some of the long-term benefits that accrue from investing in adolescents' SRHR.

- As of 2019, women aged 15–19 who want to avoid a pregnancy have much higher unmet need for modern contraception than do all women of reproductive age who want to avoid a pregnancy (43% versus 24%).
- Adolescent women aged 15-19 in LMICs have an estimated 21 million pregnancies each year, of which 50% are unintended. The majority of these unintended pregnancies (77%) happen among the 14 million adolescents with an unmet need for modern contraception. Another 22% of unintended pregnancies occur among adolescents using short-acting methods like pills, condoms, and injectables. Almost no unintended pregnancies occur among the comparably few adolescents who use long-acting reversible contraceptives, which have extremely low failure rates.
- Among adolescents using modern contraceptives, nearly 90% use short-acting methods (e.g. condoms, pills, and injectables). Only a small number of adolescent women use long-acting reversible methods (e.g. implants and IUDs), and sterilisation is rare.
- Almost one in five countries worldwide impose restrictions on access to contraceptive services. Among the most common limitations are requirements of parental consent for minors, which are in place in 9% of the 186 countries with available data. As well, restrictions based on a minimum age or marital status are in place in 5% of countries.
- Even when countries do not have formal restrictions, adolescents often encounter provider bias in various forms. For example, providers may not recommend hormonal methods to young people because of misinformed concerns regarding their impact on future fertility. Providers may also discriminate against unmarried young people, due to a belief that they should not be sexually active.

Tirado et al (2020).
Barriers and Facilitators for the Sexual and Reproductive Health and Rights of Young People in Refugee Contexts Globally: A Scoping Review.

This scoping review synthesises the literature on perceived barriers and facilitators to SRHR among young refugees, and interventions created to address their needs.

- While young refugees face similar barriers to SRHR as other young people, many of these barriers are exacerbated by the refugee context.
- Only 9 out of 30 reviewed publications described SRHR interventions for young refugees, suggesting a lack of interventions specifically targeting this population.

UNFPA (2023),
8 Billion Lives, Infinite Possibilities: The Case for Rights and Choices.

This State of World Population report looks at data submitted by governments to the Inquiry Among Governments on Population and Development. The analysis focuses on responses from 2015, 2019 and 2021.

- When analysing changes between 2015, 2019, and 2021, it seems that adolescents are facing increasing restrictions to contraceptive access over time, indicating a regression in global efforts to empower adolescents to manage their sexual and reproductive lives.
- Another concerning trend is found in the 2021 data, where countries reporting more restrictions in one domain of SRHR tend to also have more restrictions in another domain. For example, countries with more restrictions on abortion and postabortion care tend to also see more restrictions in access to contraception.

UNFPA (2022a),
Assessment of Adolescent and Youth-Friendly Health Services in the Arab Region: Regional Report.

This regional review sheds light on the most common practices and distinctive experiences (when found) in implementing adolescent and youth-friendly health services (AYFHS), spanning 16 countries in the region.

- Accessibility barriers include inconvenient operating hours; parental and/or spousal consent requirements to access services; and bias, discrimination and judgmental attitudes by healthcare providers. Adolescent and youth beneficiaries in most countries believed that privacy and confidentiality is not guaranteed.
- None of the included countries had a national health information systems (NHIS) to monitor AYFHS, nor did they conduct periodic methodological evaluations. Little can thus be said on the benefit of AYFHS to adolescents and youth in the region.

UNFPA (2022b),
My Body, My Life, My World Operational Guidance: Module 1 – ASRHR.

This resource reviews what works in ASRHR programming, based on what the SRH field has learned over the last 25 years, and discusses how to ensure that SRHR interventions are responsive to young people's needs.

- Evidence indicates that effective ASRHR programmes use a multisectoral service delivery model and provide services that are adolescent-responsive, high-quality, integrated, free or low-cost, through a variety of platforms.
- Successful ASRHR programmes also consider the diverse needs of subpopulations (e.g. married and unmarried, in-school and out-of-school, and marginalised adolescents); engage young people themselves in programme design; and engage communities to address underlying sociocultural barriers to ASRHR.

UNFPA (2020),
My Body is My Body, My Life is My Life: Sexual and Reproductive Health and Rights of Young People in Asia and the Pacific.

This review provides an update to UNFPA's 2015 report, highlighting the current status of young people's SRHR in Asia and the Pacific to support informed policy, programming and advocacy.

- One in three women (34 million) aged 15-24 in the region do not have their need for contraception satisfied by modern methods.
- Less than 1 in 4 sexually active unmarried adolescents use a modern method of contraception.
- South Asia and the Pacific are characterised by the highest unmet need for contraception among 15-24 year olds, where almost of those with a demand for contraception are not using an effective method.
- The fastest growing HIV epidemics in Asia-Pacific are among young men who have sex with men. At least 13 countries have laws requiring parental consent for minors to access HIV testing.
- More than half of adolescent girls report at least one serious issue accessing health care. In most countries, less than 20% of adolescents are covered by any health insurance. Adolescents are often the missing population in universal health coverage.

UNICEF (2024),
Delivering with and for Adolescent Girls: Five Game-Changing Priorities.

This resource provides an overview of the findings from a UNICEF poll reaching nearly 590,000 adolescent girls, boys, young women, and young men, asking young people to vote for their policy priorities on gender inequality and advancing girls' rights.

- The five concrete policy priorities that emerged from this consultation were school access and skills, including education on girls' rights and gender equality; CSE and girl-centered adolescent health services; classes for parents and caregivers on girls' rights; financial literacy training to manage resources and livelihoods; and financial security with support to earn money and money for the family.

For recommendations regarding youth access to services, click here.

Recommendations.

Crosscutting

- **Adopt and uphold a comprehensive, holistic view of SRHR, as articulated by the Guttmacher-Lancet Commission (Text Box 1)**, and use this understanding of SRHR as the basis for all related financing, policymaking, research, and programming initiatives.
- Ensure that SRHR financing, policymaking, research, and programming initiatives account for the needs of adolescents under 15, adolescents with disabilities, racial and ethnic minorities, indigenous populations, and LGBTQI+ youth (Sully et al (2020)), as well as of young people from Global Majority regions in addition to Sub-Saharan Africa (e.g. Asia-Pacific, Latin America and the Caribbean).

Funding Flows Regarding (Young People's) SRHR

For policymakers/governments:

- **Increase both domestic and international finance for SRHR**, and ensure that funding for youth SRHR has specific, trackable lines in national health budgets while accounting for donor contributions. **Increase transparency on how money is spent and support better age- and gender-disaggregated data collection** at the project level (Luchsinger (2021), Sekyiamah and Provost (2024)).
- **Provide complete, consistent, and comparable reporting on funding for programming targeting adolescents within the OECD-CRS database**. Publish annual figures on the amount invested per adolescent, disaggregated by group (such as gender and disability), and establish targets over time to increase investments in the most disadvantaged young people (Devonald et al (2023a)).

For Donors:

- **Provide flexible, long-term, and core funding to girl- and youth-led organisations**, as well as support for skills development, and monitoring, evaluation and learning (Bridgespan and Shake the Table (2022), Guglielmi et al (2024)).
- **Convene across funders and with adolescents and young people**, exploring new avenues for finances and alliances with new partners beyond the health sector.
- **Work with and fund feminist funds** who are experienced in flexible grant-making to local organisations led by women, including young feminists (Arutynova et al (2023), Bridgespan and Shake the Table (2022), Sekyiamah and Provost (2024)).
- **Re-examine risk**, recognising the greatest risk is not investing in the (young) feminist leaders and organisations that are actively tackling systemic injustice—and facing well-funded opposition (Bridgespan and Shake the Table (2022)).
- **Adapt funding practices to be more accessible to girl and young feminist-led groups, and decentralise power and decision-making processes.** Expand sourcing beyond close-in networks, and use an open call process for at least part of relevant funding portfolios,in order to surface emergent groups and young leaders. Invite grassroots feminist leaders, including young feminist advocates to serve as advisors, paying them for their time and expertise. Communicate with transparency and clarity about funding limitations and requirements. (Arutynova et al (2023), Bridgespan and Shake the Table (2022), We are Purposeful (2022)).

For researchers:

- **Deepen understanding of the funding landscape for youth SRHR.** Map and assess how donors are currently supporting girl- and youth-led groups, including what works in impact measurement and investment packages into girl- and youth-led initiatives, and possible alternative resourcing models, such as intermediary funding (Arutynova et al (2023), Devonald et al (2023a), Guglielmi et al (2024)).
- **Collect disaggregated monitoring data on which organisations are receiving funding and how funding is spent.** This should include information regarding the structure and longevity of organisations, and age of funding recipients, to better understand both where funding is going and how social inequalities may be shaping access to SRHR financing (Guglielmi et al (2024)).

Impact of (Youth) SRHR Investment Flows

For policymakers/governments:

- **Scale up global ODA in packages of interventions with multi-sectoral impacts** (e.g. cash transfers, SRHR, and parenting programmes), in order to accelerate adolescent girls' rights, aligned with adolescent girls' priorities (UNICEF et al (2024)).
- When adolescents are included under broader population groups, such as women of reproductive age or children, their needs are often overlooked. Financing incentives should **explicitly target adolescent-responsive actions** (Global Financing Facility (2022); Sully et al (2020)).
- Financing efforts to improve adolescent health outcomes **should actively involve young people, and ensure their perspectives are considered,** in order to better identify and address gaps in current systems, structures, and interventions for adolescent-responsive SRH care (Global Financing Facility (2022)).
- **Combine financing approaches that provide mutually reinforcing incentives.** Offering complementary incentives at different levels of the system and across public and private sectors can foster a more cohesive and comprehensive approach to overcoming barriers to SRH information and services for different groups of adolescents (Global Financing Facility (2022)).

For donors:

- Ensure the **ongoing provision and availability of both targeted/standalone funding for youth SRHR, as well as funding for youth SRHR within multi-sectoral initiatives.**

For researchers:

- **Increase advocacy and evidence on the importance of funding SRHR programming that targets adolescent girls** (Arutynova et al (2023), Devonald et al (2023a), Guglielmi et al (2024)).

For programme designers and implementers:

- **Undertake a multisectoral approach to ASRHR, in order to increase the impact of SRHR investment.** Addressing barriers to sexual and reproductive healthcare for adolescents requires coordination and collaboration across different agencies, such as those responsible for health, education, youth, labor, women and gender and social protection, as well as across government, civil society and the private sector. (Global Financing Facility (2022)).

Young People and Abortion

For policymakers/governments:

- **Ensure that comprehensive abortion care that is affordable and accessible**, in order to improve access to and uptake of abortion services (Koiwa et al 2024).
- Any parental or partner involvement in abortion decision-making must be based on the values and preferences of the person seeking an abortion, and **not imposed by third-party authorisation requirements** (World Health Organisation (2022)).
- **Strengthen institutional support for abortion education in medical training,** not only to expand the number of skilled professionals in the healthcare workforce but also to reduce stigma by normalising abortion within comprehensive medical education. This is particularly critical in contexts where abortion legalisation is recent (Janušonytė et al (2024)).

For donors:

- **Ensure that youth SRHR funding includes an explicit focus on strengthening access to comprehensive abortion care services,** as an integral part of fulfilling young people's SRHR.

For researchers:

- **More research on youth and abortion is needed,** particularly in regions such as Latin America and the Caribbean and Asia-Pacific.

For programme designers and implementers:

- **Strengthen healthcare staff's capacities** to provide adolescent and youth-friendly health services, and counsel adolescents and young women based on their needs; and promote decision aids (Koiwa et al 2024).

Comprehensive Sexuality Education

For policymakers/governments:

- While it is critical for donors to continue to support countries in their journey towards CSE, this can lead to the perception that CSE is a foreign agenda, along with implications for sustainability and ownership. **Governments must provide clear mandates, budgets, and domestic resource allocation** to ensure meaningful implementation of policies and programmes that support quality CSE for all learners (UNESCO et al (2021)).

- **Invest in quality curriculum reform and teacher training.** Ensure that curricula cover a broad range of essential topics in line with international guidance, and that this is aligned with efforts to strengthen teachers' capacities to deliver the curriculum competently and with fidelity. This includes strengthening teacher skills in using participatory methods and gender transformative pedagogy. (Chavula et al (2022), Myat et al (2024), Torres-Cortés et al (2023), UNESCO et al (2021)).

- **Ensure that CSE starts early, in an incremental, age- and developmentally-appropriate approach** (UNESCO et al (2021)).

For donors:

- **Invest in research that showcases the impact of CSE on young people from the Global Majority,** particularly in regions such as Asia-Pacific and Latin America and the Caribbean.

For researchers:

- Increase research and supporting evidence regarding the **impact of CSE on young people from Global Majority regions such as Asia-Pacific and Latin America and the Caribbean.**

For programme designers and implementers:

- **Partner efforts to scale-up CSE with efforts to increase access to a full range of youth-friendly SRH services** (Myat et al (2024), UNESCO et al (2021), UNFPA (2022)).

- **Involve communities, including parents, school officials, religious leaders, media, and young people themselves, in CSE implementation**, so as to create a favourable environment for CSE, debunk misinformation and counter opposition (UNESCO et al (2021), Chavula et al (2022), Desrosiers et al (2020)).

Youth Access to Services

For policymakers/governments:

- **Promote public investments and the inclusion of SRHR in key sectoral and multisectoral national schemes**, to ensure its prioritisation in health programmes, policies, and budgets (UNFPA (2022b)).
- As adolescents are particularly affected by costs associated with accessing SRH services, **ensure that all SRH services, including antenatal, contraception, and safe abortion services, are covered under UHC**, in order to reduce cost-related barriers (Bankole et al (2020), UNFPA (2022b), UNFPA (2020)).
- **Safeguard adolescents and young people from financial risk;** for example by ensuring that they are covered by mandatory, prepaid, and pooled funding to access the services they need, and minimise or eliminate out-of-pocket payments at the point of service. Identify adolescent subgroups that lack coverage under these arrangements, and develop strategies to maximise their inclusion (UNFPA (2022b)).
- **Remove parental or spousal consent requirements** for adolescents and young people to access the healthcare they need (Ferguson et al (2024), Sully et al (2020)).

For donors:

- **Invest in research on telehealth interventions targeting adolescents and young people**, in order to increase the evidence base for this alternative model of SRH service delivery (Saragih et al (2024)).

For researchers:

- **Undertake further research on telehealth interventions targeting adolescents and young people from Global Majority regions**, to better test telehealth strategies for improving young people's access to SRH information and services (Saragih et al (2024)).

For programme designers and implementers:

- **Engage young people in SRH programme design,** in order to ensure that interventions and services are respectful of their rights, individual circumstances, and evolving capacities (UNFPA (2022b)).
- **Use a multisectoral service delivery model** when designing and implementing ASRHR programmes (UNFPA (2022b)).
- **Strengthen training for healthcare providers,** to ensure the availability of youth-friendly, non-judgmental, confidential, evidence- and rights-based SRH provision (D'Souza et al (2022), Kirubarajan et al (2023)).
- **Raise awareness regarding the safety of LARCs for adolescents and young people,** and dispel related myths and misinformation (Kirubarajan et al (2023)).
- **Ensure the provision of self-care interventions,** such as self-administered injectables and over-the-counter oral contraceptive pills, as well as **telemedicine options**, to help address some of the systemic barriers hindering young people's access to contraception (Meherali et al (2021a), Sully et al (2020)).

SheDecides.

SheDecides.com

SheDecidesgfi

SheDecides

shedecides.bsky.social