

OVERVIEW OF ADOLESCENT REPRODUCTIVE HEALTH INFORMATION

The Global Policy Committee of the World Health Organization (WHO) defines health as: “A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. WHO further states that Reproductive Health:

Addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

The California Adolescent Health Collaborative explains that:

Although sexual development is an integral part of adolescence, early sexual activity can have a number of negative consequences. The vast majority of adolescents who become pregnant indicate that their pregnancies were unplanned, unintended, or mistimed. Adolescents who have children, as well as the children themselves, suffer educational and economic disadvantages that persist into adulthood. For both biological and behavioral reasons, adolescents are at greater risk for STIs than older people. Untreated STIs can cause pelvic inflammatory disease, ectopic pregnancies, infertility, genital cancers, and death from AIDS. There is growing concern that HIV infection may be spreading in this age group despite education, prevention, and treatment programs.

Following are California Adolescent Health Collaborative Strategies to reduce teen pregnancy and STIs that have been modified and adapted for teens in foster care.

1. Provide teens with the information, skills, and support they need to practice safe sexual behavior, including abstinence by referring youth and caregivers to programs that:
 - Offer age appropriate family life education that is, culturally sensitive, teach sexual and reproductive options, and emphasize the benefits of abstinence. Ideally these programs will build on current knowledge of best practices by emphasizing communication, skill-building activities, and role-playing.
 - Educate teenagers about the risks of sexually transmitted diseases, including HIV/AIDS, and the need for prompt treatment.
 - Reinforce community norms that value healthy adolescent sexuality but do not sanction pregnancies and high risk behavior.

- Change the perception of teen pregnancy as an individual/family problem and recognize the role of the social environment.
 - Incorporate promising strategies into comprehensive pregnancy prevention programs including: individual and peer education, counseling, case management, after school activities, and building support systems and relationships with caring adults.
2. Increase access to reproductive health care.
 - Request caregivers to ask the youths health care providers to include comprehensive, age-appropriate information on sexual health issues, including prevention of unintended pregnancies and STIs.
 - Make teenagers aware of confidential STI screening and treatment services easily accessible to teenagers along with culturally sensitive counseling and education regarding the use of available protective measures.
 3. Increase the role male's play in preventing adolescent pregnancy.
 - Educate males at an early age to identify and understand the legal, financial, and emotional roles and responsibilities of parenthood.
 - Involve males in teen pregnancy prevention efforts, by encouraging them to use services for which they are eligible.

Sexually Transmitted Infection (STI)

STIs, including HIV and AIDS are transmitted from one person to another through sexual contact as well as through direct person-to-person contact with blood or body fluids that contain the infection. A person with an STI may or may not have noticeable symptoms, however the STI is just as likely to transmit from someone with no symptoms as from someone with symptoms. Most STIs are easier to prevent than they are to treat.

- Each year, one in four teens contracts an STI.
- One in two sexually active persons will contract an STI by age 25.
- About half of all new STIs in 2000 occurred among youth ages 15 to 24. The total estimated costs of these nine million new cases of these STIs was \$6.5 billion, with HIV and human papillomavirus (HPV) accounting for 90% of the total burden.

Each year, there are almost 3 million new cases of chlamydia, many of which are in adolescents and young adults. The U.S. Center for Disease Control recommends that sexually active females 25 and under should be screened at least once a year for chlamydia, even if no symptoms are present.

Consistent condom use provides substantial protection against the acquisition of many STIs, including statistically significant reduction of risk against HIV, chlamydia, gonorrhea, herpes, and syphilis.

Source: American Social Health Association

A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. As of 01/01/2012, a minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.

Unintended Pregnancy

An unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

In 2001, approximately one-half of pregnancies in the United States were unintended (Finer 2006, Perspectives on Sexual and Reproductive Health), and the United States has set a national goal of decreasing unintended pregnancies to 30% by 2010. Efforts to decrease unintended pregnancy include finding better forms of contraception, and increasing contraceptive use and adherence.

The only certain way to prevent pregnancy is to abstain from sexual intercourse, and the only certain way to prevent sexually transmitted infections is to abstain from activities that have been proven to transmit sexually transmitted infections.

If a youth is sexually active, a reliable birth control method is the best way to reduce the risk of an unwanted pregnancy. Youth must be given the opportunity to learn about the effectiveness and safety of all available drugs or devices that are medically recommended and approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting STIs.

Teen Parents – some facts

When teens give birth, their future prospects decline. Teen mothers are less likely to complete high school and more likely to live in poverty than other teens. They are more likely to have adverse birth outcomes, such as low birth weight or premature deliveries, and have greater chance of having their own children placed into protective services due to prenatal drug/alcohol exposure, neglectful parenting, or for other reasons that perpetuate the “intergenerational cycle of family violence”. The United States has set a national goal of decreasing the rate of teenage pregnancies to 43 pregnancies per 1,000 females 15–17 years of age in 2010.

A very large number of teen girls are affected each year—852,000 adolescent females under 20 years of age became pregnant and 477,000 gave birth in 2000; this included 312,000 pregnancies and 157,209 births among 15–17 year olds. Further, U.S. teen birth rates remain the highest among all countries in the developed world and are twice that of England and Canada.

Child abuse/neglect in the early years causes irreversible brain damage that is manifested in a changed brain structure that often results in aggressive, anxious, and risk-taking behaviors that often lead to a greater propensity for early sexual involvement with multiple partners. Reference: "Scars that won't heal: The neurobiology of child abuse" by Martin Teicher (Scientific American, March 2002, pg.68-75.) Another article can be found in "Developmental Traumatology, Part 2: Brain Development. M.D. DeBellis, M.S. Keshaven, D.B., Clark: Biological Psychiatry, Vol.45, No.10, pg.1271-1284, May 15, 1999.