OVERVIEW

▶ BACKGROUND

Today's generation of young people is the largest in human history: globally, 1.8 billion people are aged between 10-24 years, accounting for a quarter of the world's population. The overwhelming majority of young people live in low and middle-income countries, and 60% live in Asia and the Pacific.

Adolescence (box 1) is a formative life phase, characterised by substantial physical, emotional, cognitive and social growth and development, during which foundations for health and well-being in later life, and for the next generation, are established. This critical transition has significant implications for sexual and reproductive health (SRH). Not only do the physical and hormonal changes of puberty lead to sexual maturity and the physical capacity to have sex and reproduce, but adolescence is also a period of intense social and emotional development during which sexuality, sexual identity, and gender norms, roles and identities are crystalised. It is during this time that many young people first form romantic relationships and commence sexual activity, and when many enter marriage and parenthood.

For these reasons, adolescence brings a heightened need for comprehensive sexuality education, accessible and high quality services, and an enabling policy, legislative and community environment to support a healthy transition into adulthood. Investment in SRH during this life stage brings a triple dividend of benefits, presenting a unique window in which to address norms, behaviours and risks that are not only important for the health and development of young people, but also for SRH across the life course, and for the health of the next generation. Enabling young people to achieve the highest attainable standard of SRH is also a fundamental human right, reflected in international and regional agreements and commitments, and also the focus of several targets of the Sustainable Development Goals (SDGs)

Despite these imperatives, young people globally experience a disproportionate burden of poor SRH including high rates of early and unintended pregnancy, sexually transmitted infections (STIs), including HIV, and violence. Two thirds of young people in Asia and the Pacific live in countries where adolescents face a large and complex burden of disease, including a high burden and mortality from poor SRH.

Substantial intersecting barriers limit young people's access to essential information and services, and contribute to SRH risks and harmful practices. These include sociocultural, legislative, regulatory and policy barriers, as well as rigid gender norms impacting on girls, boys and young people with diverse gender identities and expression.8 Excess SRH risk and poor outcomes have significant implications not only for health, but considerable consequences for education, poverty reduction, and gender equality, for this and future generations.

BOX 1. DEFINITIONS

"**Adolescence**" represents the transition from childhood to adulthood: puberty heralds its onset, with social role transition (completion of education/employment/independent living/ marriage/ child rearing) signalling adulthood.

"**Adolescence**" has historically been defined as coinciding with the ages 10-19 years, with "**Youth**" referring to 15-24 years.

"**Young people**" (or adolescents and young adults) corresponds to 10-24 years and is increasingly used to define adolescence as it more reliably captures the social and developmental transitions, including risk factors for poor health. This period is often divided into early adolescence (10-14 years), late adolescence (15-19 years) and early adulthood (20-24 years).

▶ APPROACH AND METHODS

PURPOSE

The purpose of the review was to describe the current status of young people's SRH and rights, and examine key SRH priorities in Asia and the Pacific to support informed policy, programming and advocacy.

OBJECTIVES

The review had two main objectives:

- Describe the current SRH risks, outcomes, and coverage of key interventions for young people aged 10-24 years in low-and middle-income countries in the Asia and Pacific region.
- Review the current evidence, policy and programme approaches related to key SRH priorities in the region: child marriage and early union; adolescent pregnancy; young people with diverse sexual orientation and gender identity; SRH in a digital age; comprehensive sexuality education; and universal health coverage for adolescent SRH.

METHODS

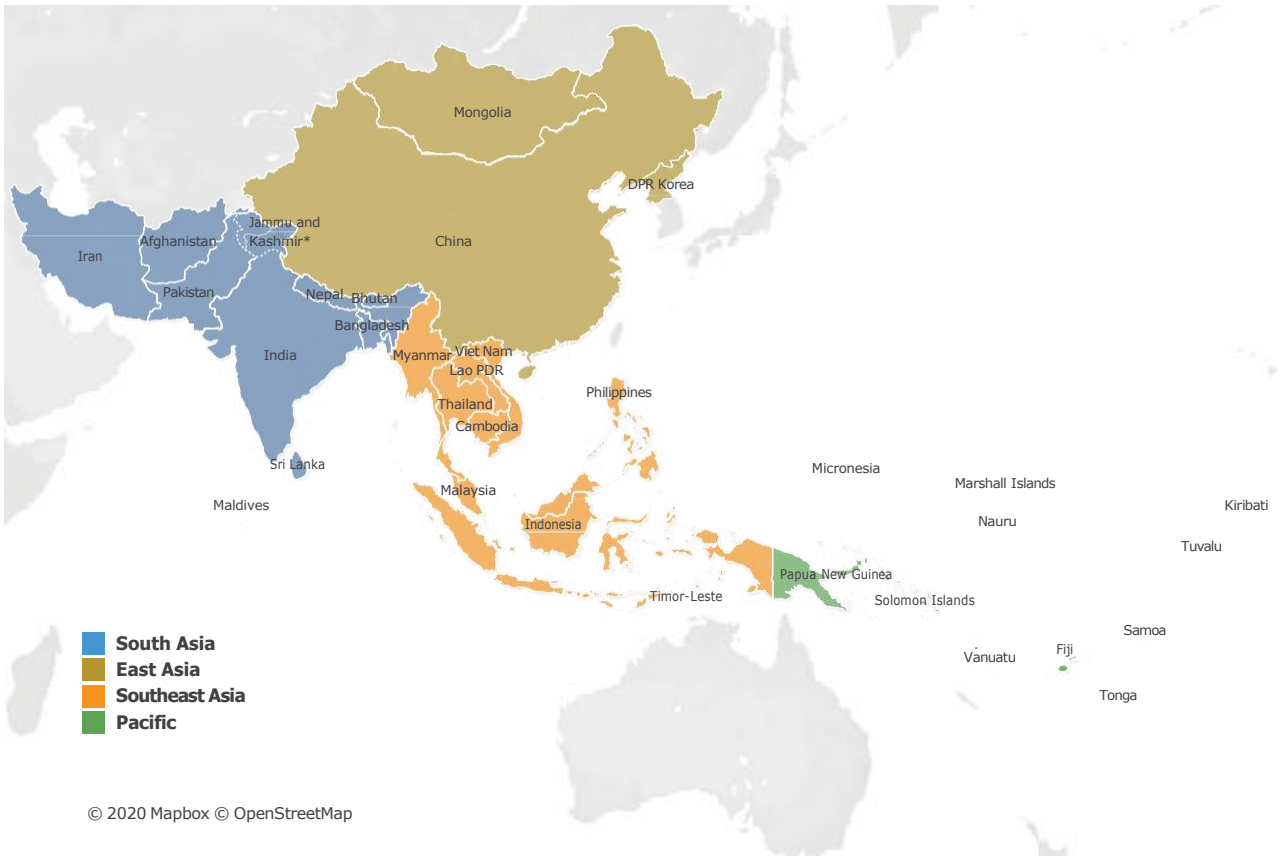
1. Review and analysis of national-level data to describe SRH risks, outcomes and determinants

Fifty-nine indicators relevant to young people's SRH and rights in this region were identified following a review of global and regional SRH and indicator frameworks (including the global indicator framework for the SDGs, UNFPA State of the World Population, ICPD Beyond 2014 Monitoring Framework, and WHO reproductive health indicators11), and commonly used measures in Demographic and Health Surveys (DHS) and UNICEF Multiple Indicator Cluster Surveys (MICS) that relate to SRH. Key domains related to socio-demographic characteristics,marriage, sexual behaviour, fertility, STIs and HIV, and gender-based violence. Indicator definitions were harmonised with existing global and regional indicators, and modified based on data availability to maximise coverage across countries in the region. The list of indicators was finalised in consultation with UNFPA Asia Pacific Regional Office (UNFPA APRO).

Nationally-representative and comparable data were sought from Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and other reproductive health surveys for each included country. The data sets were pre COVID-19, and therefore data in the report provides a baseline to the expected changes in SRH indicators during COVID-19. Data were also sought from UN agency databases and reports(AIDS Data Hub, International Labor Organisation, Population Reference Bureau, UN Data, UNESCO, UNFPA State of World Population, UNICEF State of the World's Children, World Bank Indicators, World Health Statistics). Where no household or population survey data were available, modelled estimates were sought from the Global Burden of Disease study. Main data sources are summarised in tables 1A and 1B. Where available, data disaggregated by age, marital status, sex, location, education and wealth were also included. Data were analysed using STATA MP 14.2 and visualised using Tableau Desktop 2019.1.7. UNFPA countries were grouped according to the UN Population Division sub-regions (figure 1) and

population-weighted sub-regional estimates calculated for selected indicators. The maps within this report are for illustrative purposes only and do not reflect a position by UNFPA or other collaborative organisations on the legal status of any country or territory or the delimitation of any frontiers. For most indicators, data were only available for males and females, with very limited national-level data available for young people with non-cisgender/non-binary identity. Country-level estimates for all indicators are included in appendix.

FIGURE 1. LOW- AND MIDDLE-INCOME COUNTRIES IN ASIA AND THE PACIFIC, BY SUB-REGION



Note: United Nations Map No 4170 Rev. 17 (www.un.org/Depts/Cartographic/map/profile/world.pdf);
*Dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

TABLE 1 A. SUMMARY OF MAIN DATA SOURCES BY COUNTRY

Region	Country	Primary data source	Year
South Asia	Afghanistan	DHS	2015
	Bangladesh	DHS	2014
	Bhutan	MICS	2010
	India	DHS	2015
	Iran	MIDHS	2010
	Maldives	DHS	2016
	Nepal	DHS	2016
	Pakistan	DHS	2017
	Sri Lanka	DHS	2016
East Asia	China	NFS	2017
	Mongolia	MICS	2018
	DPR Korea	MICS	2017

TABLE 1 A. SUMMARY OF MAIN DATA SOURCES BY COUNTRY (Continued)

Region	Country	Primary data source	Year
South East Asia	Cambodia	DHS	2014
	Indonesia	DHS	2017
	Lao PDR	LSIS II	2017
	Malaysia	MPFS	2014
	Myanmar	DHS	2016
	The Philippines	DHS	2017
	Thailand	MICS	2015
	Timor-Leste	DHS	2016
	Viet Nam	MICS	2014
Pacific	Fiji	Census	2007
	Kiribati	DHS	2009
	Marshall Islands	DHS	2007
	Micronesia	-	-
	Nauru	DHS	2007
	Papua New Guinea	DHS	2016
	Samoa	DHS	2014
	Solomon Islands	DHS	2015
	Tonga	DHS	2012
	Tuvalu	DHS	2007
	Vanuatu	DHS	2013

TABLE 1 B. SUMMARY OF MAIN DATA SOURCES FOR SELECT INDICATORS

Other indicators	Source	Year
Currently married	UNPD	2019
Adolescent fertility rate	UNPD	2000-2020
Maternal mortality	GBD	2017
Demand for family planning satisfied (all women)	GBD	2017
HIV	UNAIDS	2017-2018
Sexual violence	GBD	2017
Population	UNPD	2019
Urbanisation	UNPD	2018
Poverty	World Bank	2006-2017
Educational attainment	GBD	2017
Out-of-school	UNESCO	2014-2018
Employment	ILO	2010-2018

2. Targeted reviews of peer-reviewed and grey literature

Policy and programmatic priority areas were identified in consultation with UNFPA APRO for more in-depth focus: child marriage and early union; adolescent pregnancy; young people with diverse sexual orientation and gender identity; SRH in a digital age; comprehensive sexuality education; and universal health coverage for adolescent SRH. The purpose of these targeted reviews was to synthesise evidence, policies and programmatic experiences in the region.

Empirical studies published between January 2015 and September 2019 were sought from PubMed, Cochrane Library, Scopus, CINAHL and PsychInfo. Search terms were informed by the UNFPA Strategy on Adolescents and Youth 2013 (box 2). Unpublished or non-indexed reports were sought through general internet searches using Google Scholar and targeted searches of regional UN agency, government and non-government websites with the same terms as above. Policy documents were sought from government websites, UN agencies (including the HIV and Health Clearing House), the Secretariat of the Pacific Community and Youthpolicy.org.

Studies and reports that primarily focused on (or included age-disaggregated data for) young people aged 10-24 years in Asia and/or the Pacific or one of 32 included countries were included.Studies focusing on high-income countries were excluded. Titles and abstracts were screened for eligibility. Data from relevant full text articles or reports were extracted to identify major topic area, type of study, countries included, target population, setting and findings. Findings were organised thematically to synthesise: existing status of SRH-related knowledge, behaviours, outcomes and determinants; policy and programmatic approaches; evidence of effectiveness; and knowledge gaps.

Qualitative quotes from young people were provided by UNFPA and UNICEF.

Limitations

BOX 2. SEARCH TERMS

Search terms

Youth OR adolescent* OR teen* OR young adult

AND

Asia OR Oceania OR Pacific Island OR Afghanistan OR Bangladesh OR Bhutan OR Cambodia OR China OR Democratic People's Republic of Korea OR India OR Indonesia OR Iran OR Lao PDR OR Laos OR Malaysia OR Maldives OR Mongolia OR Myanmar OR Burma OR Nauru OR Nepal OR Pakistan OR Papua New Guinea OR Philippines OR Sri Lanka OR Thailand OR Timor-Leste OR Viet Nam OR Fiji OR Federated States of Micronesia OR Kiribati OR Marshall Islands OR Samoa OR Solomon Islands OR Tonga OR Tuvalu OR Vanuatu

AND

Sexual health OR Reproductive health OR Sexual behaviour OR Condom OR Marriage OR Union OR Family planning OR Contracept* OR Pregnan* OR Abortion OR Sexually transmitted infection OR STI OR Sexually transmitted disease OR STD OR Sexual activity OR Safe sex OR Puberty OR Sexual violence OR Rape OR Gender-based violence OR Intimate partner violence OR Dating violence OR HIV OR HIV/AIDS OR HPV OR Young key population OR Sexual orientation OR Gender identity OR Gay Or Lesbian OR Same sex OR Bisexual OR Transgender OR Intersex OR Men who have sex with men OR Queer OR Internet OR Online OR Web OR Social media OR Social network*OR Cyber OR Digital OR Cell phone OR Mobile phone OR Mobile app* OR Smart phone OR mHealth OR text*OR SMS OR Computer OR Email OR Blog OR Sext* OR Pornography OR Sex education OR Sexuality education OR Life skills Health service OR Clinic OR Health centre OR Health service access OR Youth-friendly OR Health delivery OR Health financ* OR Adolescent friendly OR School-based health services OR School clinic OR Traditional healer OR Pharmacy OR Youth centre OR Peer counselling OR Health insurance OR Universal health coverage.

A key limitation of the review was that it was desk-based, and therefore only documents available electronically from the above sources were included. Additionally, only English resources and documents were reviewed. It is likely therefore that several government policy documents and unpublished project reports and case studies have not been identified.

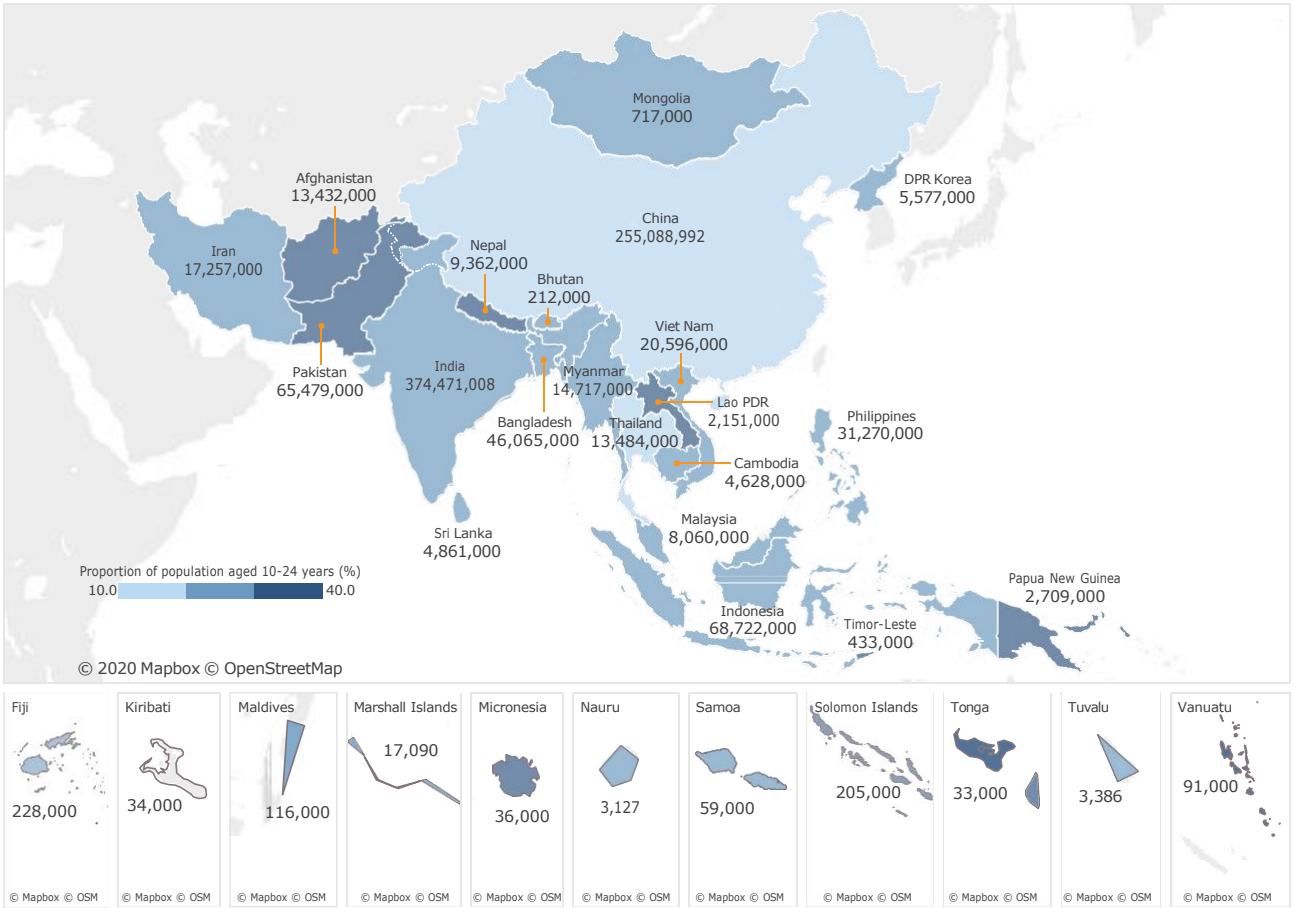
▶ INTRODUCTION TO ASIA AND THE PACIFIC

There are almost one billion young people aged 10-24 years living in low- and middle- income countries in Asia and the Pacific (figure 2), representing 23.7% of people in the Asia Pacific and accounting for 60% of the world's adolescents and young adults. In countries characterised by high but declining total fertility rates and significant gains in child mortality, such as Afghanistan, Pakistan, Nepal, Lao People's Democratic Republic (Lao PDR), Timor-Leste, Papua New Guinea, Federated States of Micronesia (Micronesia), Solomon Islands,

In Asia and the Pacific, almost
1 in 4 people
are aged between
10-24 years.

FIGURE 2. TOTAL NUMBER AND PROPORTION OF POPULATION AGED 10-24 YEARS

This chart shows the number of young people aged 10-24 years and the population share (in shading). Estimates are provided in the appendix.



Source: UNPD 20191

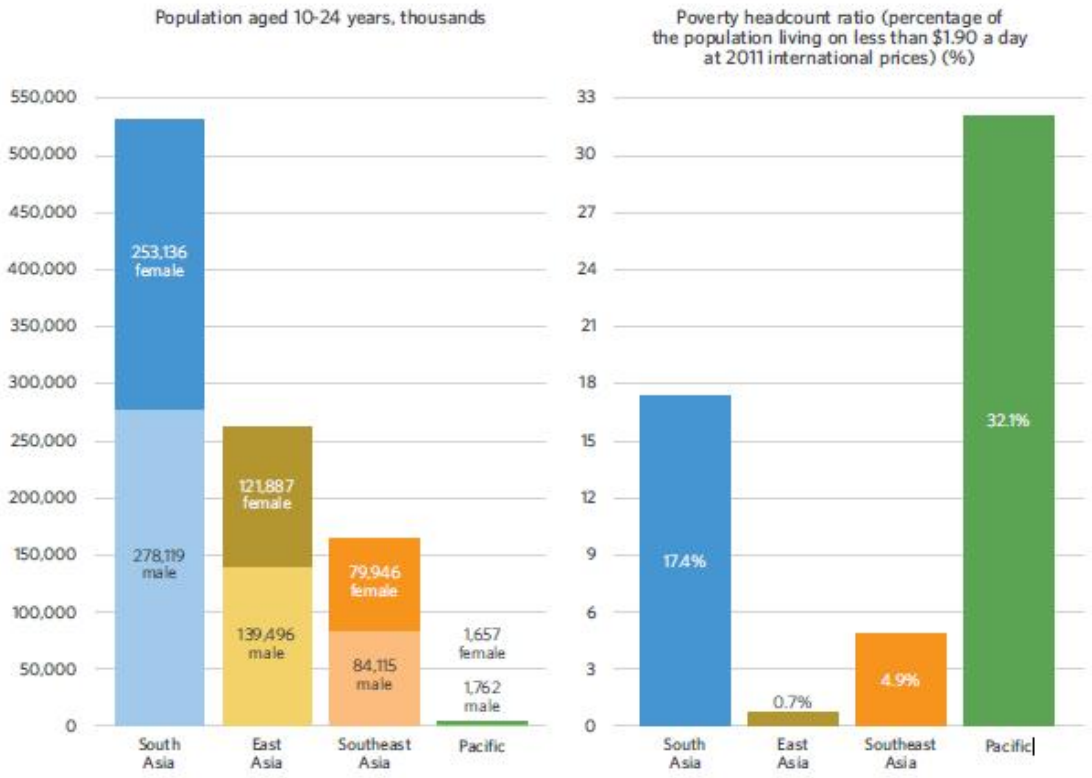
Note: United Nations Map No 4170 Rev. 17 (www.un.org/Depts/Cartographic/map/profile/world.pdf);

*Dashed lines on maps represent approximate border lines for which there may not yet be full agreement

The majority of young people in South Asia, Southeast Asia and the Pacific live in rural areas (figure 3), however, increasing urbanisation means that much of the growth in the youth population will be in cities. A significant proportion of young people in the Pacific and South Asia live in poverty, with around a third of the population in the Pacific living on less than $1.90 a day (figure 3).

There has been a large amount of progress in improving universal access to education; however, significant inequities still exist in secondary education: the mean years of educational attainment is less than nine in Afghanistan, Bangladesh, Cambodia, Lao PDR, Pakistan and Papua New Guinea, compared with more than 12 years in Sri Lanka, Malaysia and China (appendix). Persistent disparities between male and female adolescents also exist (figure 4). In some countries, particularly those in South Asia, adolescent girls achieve lower rates of educational attainment than boys, and a greater proportion are out-of-school. Despite closing the gap in secondary education in many countries, girls are not transitioning to further training or employment at the same rate as boys. The proportion of girls not in education, training or employment (NEET) is higher than boys in all regions, most notably in South Asia where 50% of girls aged 15-24 years are NEET, five times higher than boys (figure 4).

FIGURE 3. ADOLESCENT AND YOUTH POPULATION BY SEX, URBANISATION, AND BY POVERTY LEVELS



Source: UNPD1, World Bank[290]

In Asia and the Pacific, **151 million youth are not in education, employment or further training**: 75% of those are girls. In South Asia, around 83 million girls aged 15-24 years are not in education, training or employment.

Around **25 million adolescents are not in lower secondary school**.

FIGURE 4. EDUCATION AND EMPLOYMENT

Note: Estimate for out-of-school rate for East Asia excludes China.
Source: GBD, UNESCO, ILO.