

# Adolescent reproductive rights: Empowering the next generation.

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## Introduction

Adolescence is a pivotal stage in life, marked by physical, emotional, and psychological transitions. As young people navigate this complex period, reproductive rights become a crucial aspect of their well-being and autonomy. Adolescent reproductive rights refer to the rights of young people—typically aged 10 to 19—to access accurate information and services related to sexual and reproductive health, including the right to make decisions about their own bodies, access to contraception, and safe and confidential healthcare. [1,2].

Globally, millions of adolescents lack access to comprehensive reproductive health services. This results in high rates of unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs), including HIV. These outcomes often stem from limited education, cultural taboos, restrictive laws, and insufficient youth-friendly healthcare services. In many societies, discussing sexual health remains a sensitive issue, leaving adolescents unprepared and vulnerable to harmful consequences. [3,4].

Comprehensive sexuality education (CSE) plays a vital role in empowering adolescents. It goes beyond biological explanations and addresses topics like consent, gender identity, healthy relationships, and decision-making skills. Studies have shown that when adolescents receive accurate, age-appropriate information, they are more likely to make informed choices, delay sexual activity, and use contraception effectively. Education equips them with the knowledge to understand their rights and responsibilities. Ignoring adolescent reproductive rights not only undermines their health but also impacts broader social outcomes. Early and unintended pregnancies can disrupt education, limit career opportunities, and perpetuate cycles of poverty. Conversely, when adolescents are informed and empowered, they are more likely to become healthy, educated, and productive members of society. [5,6].

One of the central aspects of adolescent reproductive rights is access to contraception. Despite the availability of modern contraceptive methods, social stigma and provider bias often act as barriers. Adolescents frequently report being judged or denied services, especially if they are unmarried. Ensuring confidentiality and respectful treatment in healthcare settings is essential to fostering trust and encouraging adolescents to seek the help they need. [7,8].

Laws and policies surrounding adolescent reproductive rights vary widely across countries. Some nations recognize the importance of these rights and have established supportive legal frameworks, while others impose restrictions based on age, marital status, or parental consent. Advocacy and policy reform are necessary to align national laws with international human rights standards and ensure equitable access for all adolescents. In addition to legal support, community involvement is essential. Parents, teachers, healthcare providers, and religious leaders all play key roles in shaping attitudes toward adolescent sexuality. Open, non-judgmental conversations can help break down taboos and create supportive environments where adolescents feel safe to express themselves and seek guidance. [9,10].

## Conclusion

Respecting and promoting adolescent reproductive rights is a shared responsibility that requires education, legal support, and societal acceptance. Empowering adolescents with the tools and knowledge to make informed decisions about their reproductive health is not just a health issue—it's a matter of dignity, equality, and human rights. By investing in their rights today, we pave the way for a healthier and more equitable future.

## References

1. Azziz R, Carmina E, Dewailly D, et al. The Androgen Excess and PCOS Society criteria for the polycystic ovary syndrome: the complete task force report. *Fertility and Sterility*. 2009;91(2):456-88.
2. Sarig G, Klil-Drori AJ, Chap-Marshak D, et al. Activation of coagulation in amniotic fluid during normal human pregnancy. *Thrombosis Res*. 2011;128(5):490-5.
3. McLean KC, Bernstein IM, Brummel-Ziedins KE. Tissue factor-dependent thrombin generation across pregnancy. *Am J Obstet and Gynec*. 2012;207(2):135-e1.
4. Kovacs CS. Calcium and bone metabolism disorders during pregnancy and lactation. *Endocrinol and Metabolism Clin*. 2011;40(4):795-826.
5. Durlach J. New data on the importance of gestational Mg deficiency. *J Am College of Nutr*. 2004;23(6):694S-700S.
6. Rayman MP, Bode P, Redman CW. Low selenium status is associated with the occurrence of the pregnancy disease preeclampsia in women from the United Kingdom. *Am J Obstet and Gynecol*. 2003;189(5):1343-9.

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7. Beck VA. Menopause in the Workplace: Impact on Women in Financial Service. The Fawcett Society. 2021.
8. Polit DF, LaRocco SA. Social and psychological correlates of menopausal symptoms. Psychosomatic Med. 1980;42:335-345.
9. Payne S, Doyal L. Older women, work and health. Occupational Med. 2010;60(3):172-7.
10. Klumb PL, Lampert T. Women, work, and well-being 1950–2000: A review and methodological critique. Soc Sci & Med. 2004;58(6):1007-24.