

Training Course in Sexual and Reproductive Health Research
Geneva, February 2009

Adolescent Health and Development: *Why it Matters*

Department of Child and Adolescent Health and Development

WHO Geneva

Vicky Camacho, Paul Bloem





Who are adolescents?

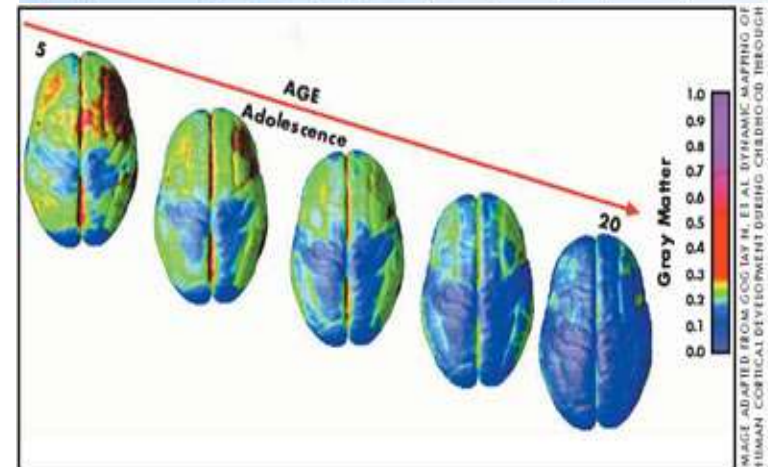
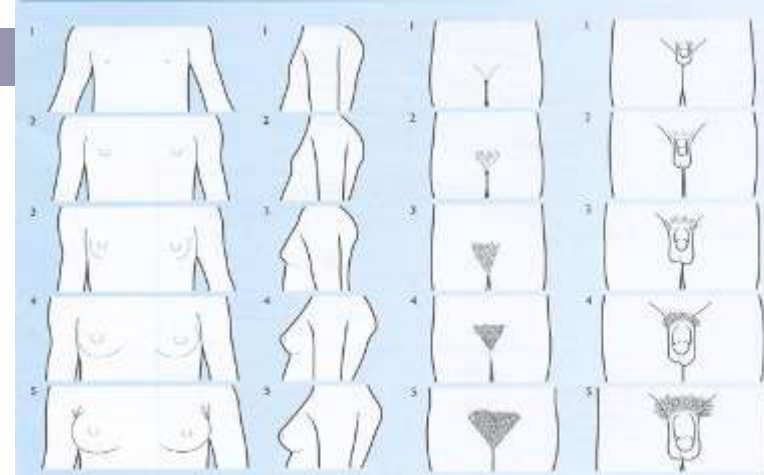
- Relatively new concept (early 1900's)
- A range of social and economic factors have created a distinct group in most societies, who are no longer children and not yet adults
- Age based definition used by WHO: 10-19 years
- Age only one of the factors defining the period between childhood and adulthood, but a good proxy





What makes adolescence different from childhood and being an adult?

- Phase of rapid physical, psychological, emotional development
- A time of new opportunities, new capacities, new experiences and new challenges
- Changing roles, responsibilities, influences and expectations: moving towards family formation, economic security, citizenship





Adolescents are not all the same

- Age, sex, marital status, parental and financial support, education, employment, rural-urban, etc.
- Social context influences everything
- All adolescents are vulnerable, but some are more vulnerable than others

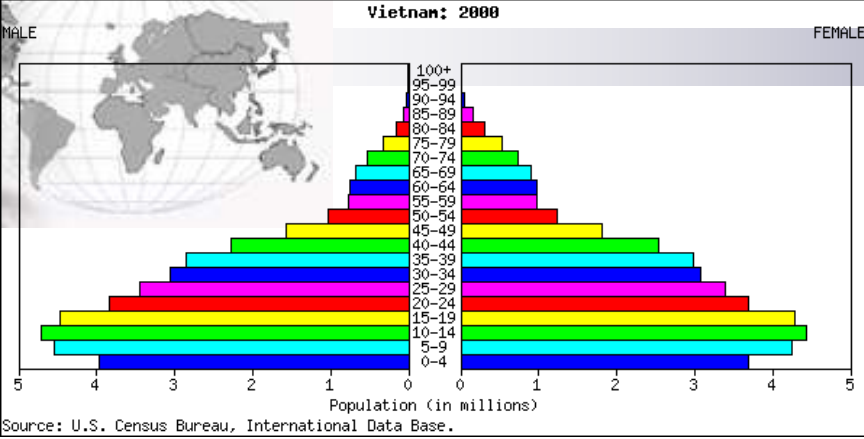




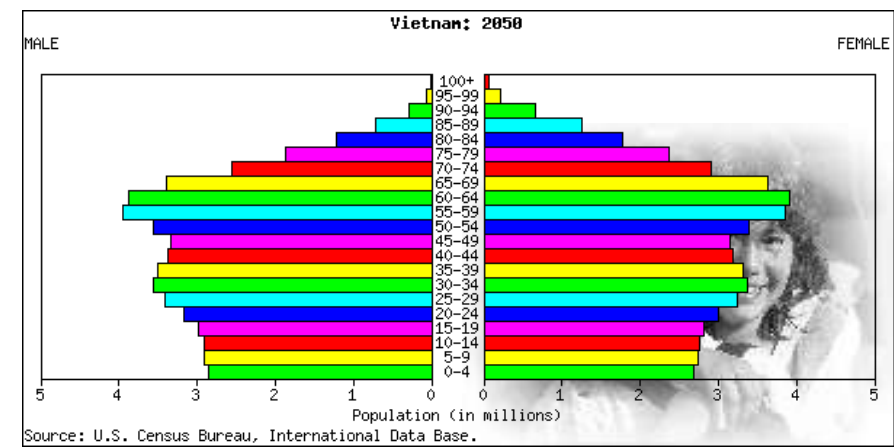
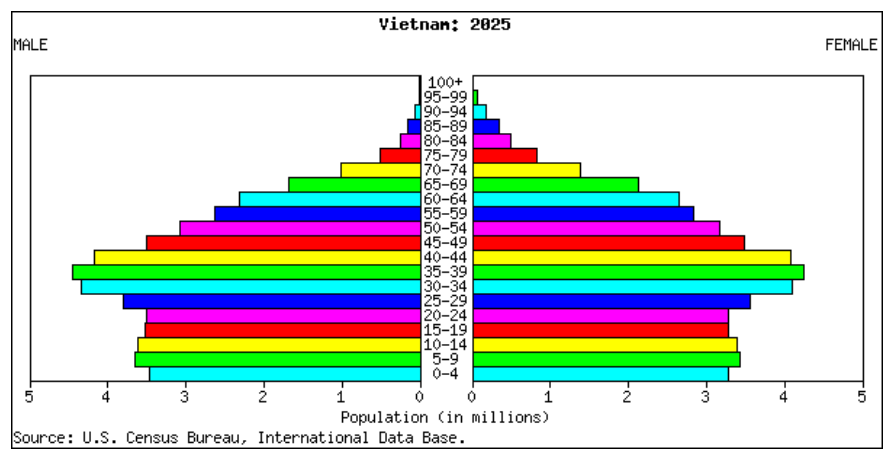
Making a compelling case for a focus on adolescents

- Demographic
- Public Health
- Human Rights
- Global Commitments





The demographic dividend





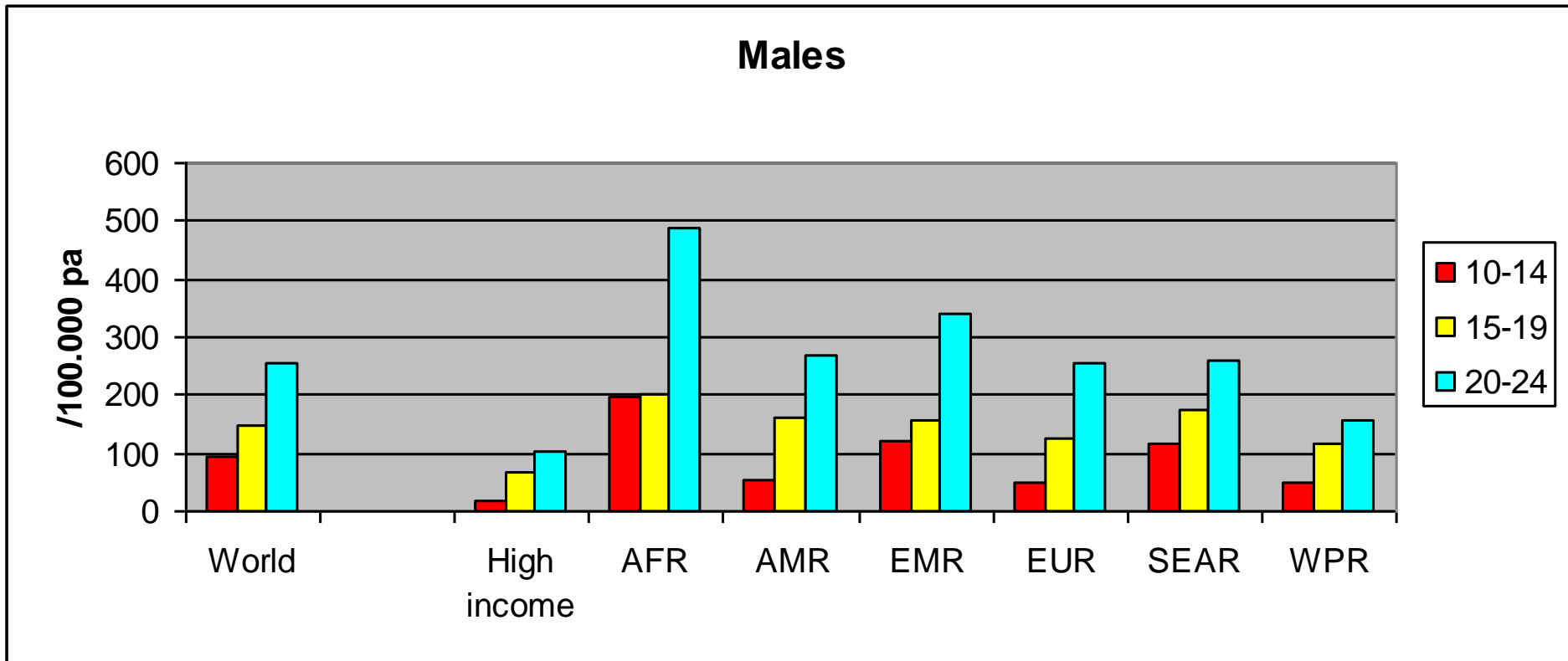
The public health argument: mortality

- Adolescence is not a period of high mortality (comparatively)
 - 2.6 million adolescent deaths
 - 9.2 million deaths under 5
- However, mortality remains a driver for public health action, so it is important to know what is going on ...





All Cause Mortality by WHO region



**Same Pattern in
Males & Females**



CAH





Cause-specific mortality

	10-24-year-old Females	,000	%
1	Lower respiratory infections	155	6.7
2	Self-inflicted injuries	142	6.2
3	HIV/AIDS	142	6.1
4	Tuberculosis	133	5.8
5	Road traffic accidents	114	5.0
6	Fires	99	4.3
7	Maternal haemorrhage	73	3.2
8	Abortion	61	2.6
9	Drownings	57	2.5
10	Meningitis	54	2.3

	10-24-year-old Males	,000	%
1	Road traffic accidents	403	13.9
2	Violence	266	9.2
3	Self-inflicted injuries	186	6.4
4	Drownings	155	5.3
5	Tuberculosis	152	5.2
6	Lower respiratory infections	151	5.2
7	HIV/AIDS	143	4.9
8	War	82	2.8
9	Leukaemia	55	1.9
10	Meningitis	52	1.8





Maternal mortality in adolescents

- Evidence from a high quality study of over 850,000 women in LAC¹
 - Mothers aged <16 years were 4 times more likely to die of maternal causes than mothers aged 20-24 (OR 4.09, 95% CI 3.86-4.34)
 - There were no significant differences for older adolescents
- Less rigorous studies
 - Very young pregnancy (<15 years) poses greater risk of death, no difference in older adolescents²

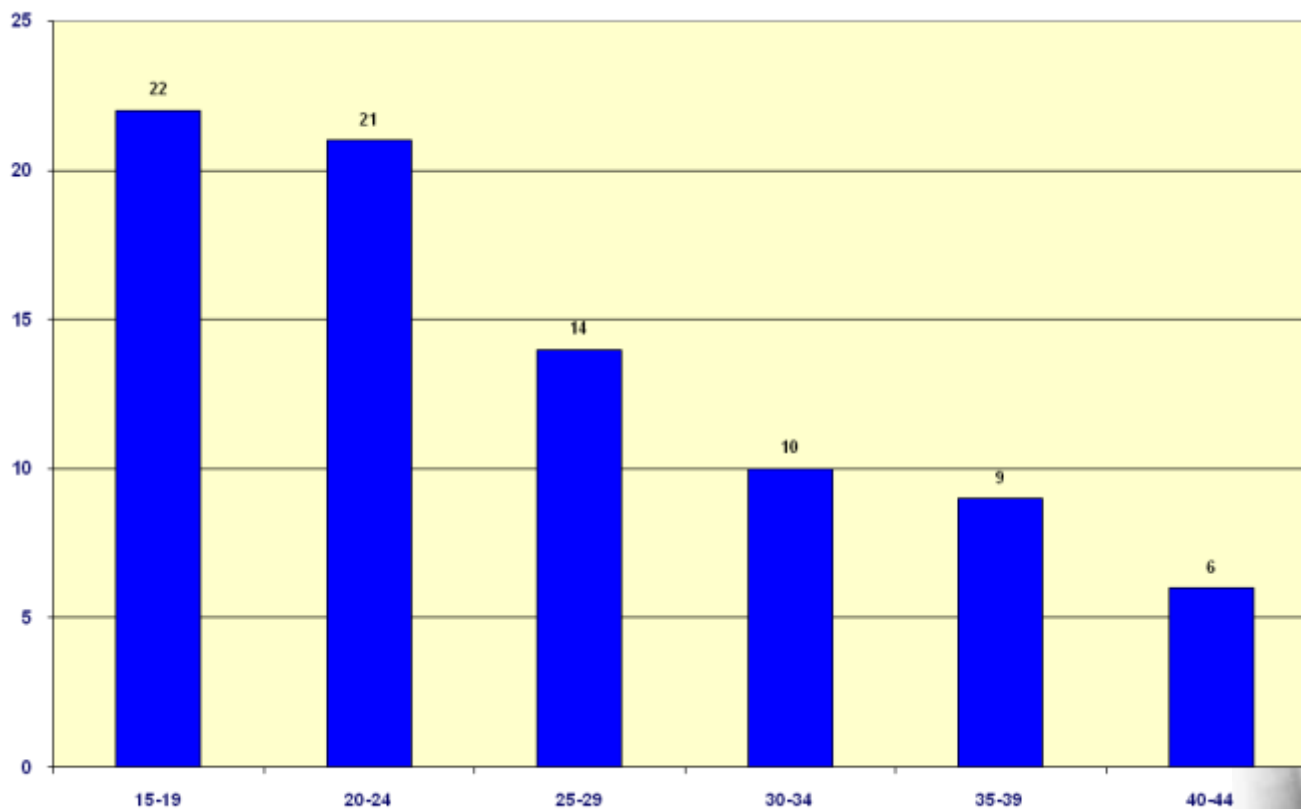
Source: 1. Conde-Agudelo, Belizán & Lammers, 2005; 2. Ujah, 2005, Chen, 1974



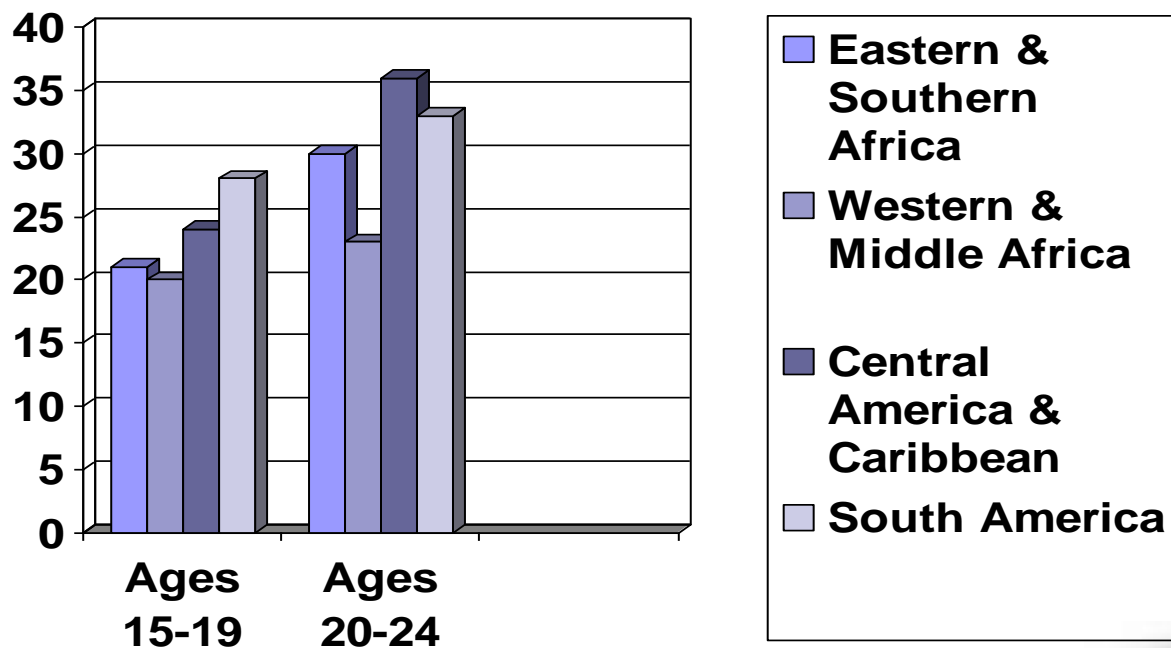
Maternal mortality in adolescents

(2)

- In a recent modified RAMOS in El Salvador (2006-7), over 25% of deaths were to 15-19 year olds



Adolescents are less likely than young adults to use modern contraceptives.



Source: Tabulations of Demographic & Health Surveys from 51 countries, 1990-2001.
(National Research Council, Growing up Global: The Changing Transitions to Adulthood in Developing Countries, 2005)



Important public health issue in LAC

Country	Census Year	% ADOLESCENTS 15-19 have had a child
ARGENTINA	1991	11.9
	2001	12.4
BRAZIL	1991	11.5
	2000	14.8
ECUADOR	1990	13.5
	2001	16.3
HONDURAS	1988	16.6
	2001	18.3



(Source: ECLAC 2005)




Maternal morbidities among adolescents

■ Anemia

- Large, high quality study in LAC found that mothers <16 years old had a 40% increased risk of anemia, compared to mothers age 20-24¹
 - There were no significant differences for older adolescents

Sources: 1. Conde-Agudelo, Belizán & Lammers, 2005





Maternal morbidities among adolescents (2)

■ Malaria

- In a recent study in Mozambique, malaria was the cause of death in twice as many adolescent mothers (26.9%) as non-adolescent mothers (11.7%)¹

■ Obstructed labour – fistulae

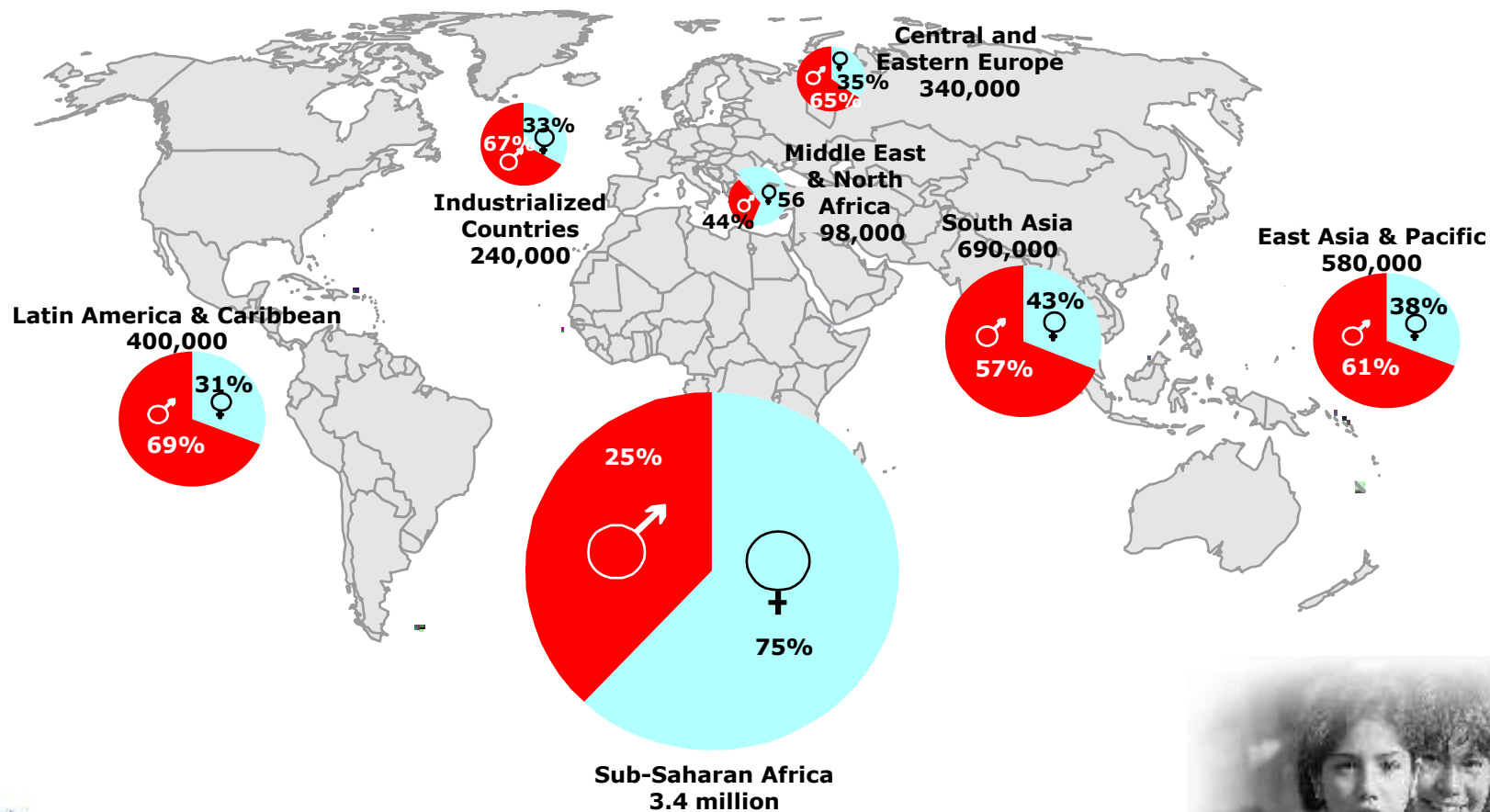
- Studies in Africa have shown that 58-80% of women with obstetric fistulae are under age 20, with the youngest aged only 12 or 13 years²
- 59% and 27% of fistulae cases occurred in women <15 years and <18 years respectively³

Sources: 1. Granja et al, 2001; 2. Ministry of Health, Kenya, and UNFPA, 2004; 3. Ampofo, 1990



Making a compelling case: Morbidity data

Over 5.7 million young people (15-24)
living with HIV/AIDS



Source: UNAIDS/UNICEF, 2008



The public health argument: morbidity

- Probably more important for action than advocacy
- What do health workers need to know and do differently if the client is adolescent?



Review

Malaria in adolescence: burden of disease, consequences, and opportunities for intervention

Journal of Tropical Pediatrics (2008) 34, 107–111

Towards an integrated approach to lung health in adolescents in developing countries!

E. A. S. HELDIN, A. OLSZEWSKA & R. W. SCHIMMELPETER*

Department of Pediatrics, The Ohio State University of Ohio State, Columbus, Ohio, Ohio State University, Columbus, Ohio and Department, World Health Organization, Geneva, Switzerland

Abstract

Integrated Management of Childhood Illness (IMCI) has been widely adopted in developing countries. However, the burden of disease in adolescents is often overlooked. This paper reviews the burden of disease in adolescents in developing countries and discusses the need for an integrated approach to adolescent health. The paper highlights the need for a more holistic approach to adolescent health, one that takes into account the physical, mental, and social aspects of the adolescent's life. The paper also discusses the need for a more integrated approach to adolescent health, one that takes into account the physical, mental, and social aspects of the adolescent's life.

WHO DISCUSSION PAPERS ON ADOLESCENCE

Sexually Transmitted Infections

Issues in Adolescent Health and Development

Department of Child and Adolescent Health and Development
World Health Organization

WHO DISCUSSION PAPERS ON ADOLESCENCE

Nutrition in adolescence – Issues and Challenges for the Health Sector

Issues in Adolescent Health and Development

Department of Child and Adolescent Health and Development
World Health Organization

WHO DISCUSSION PAPERS ON ADOLESCENCE

The Adolescent with a Chronic Condition

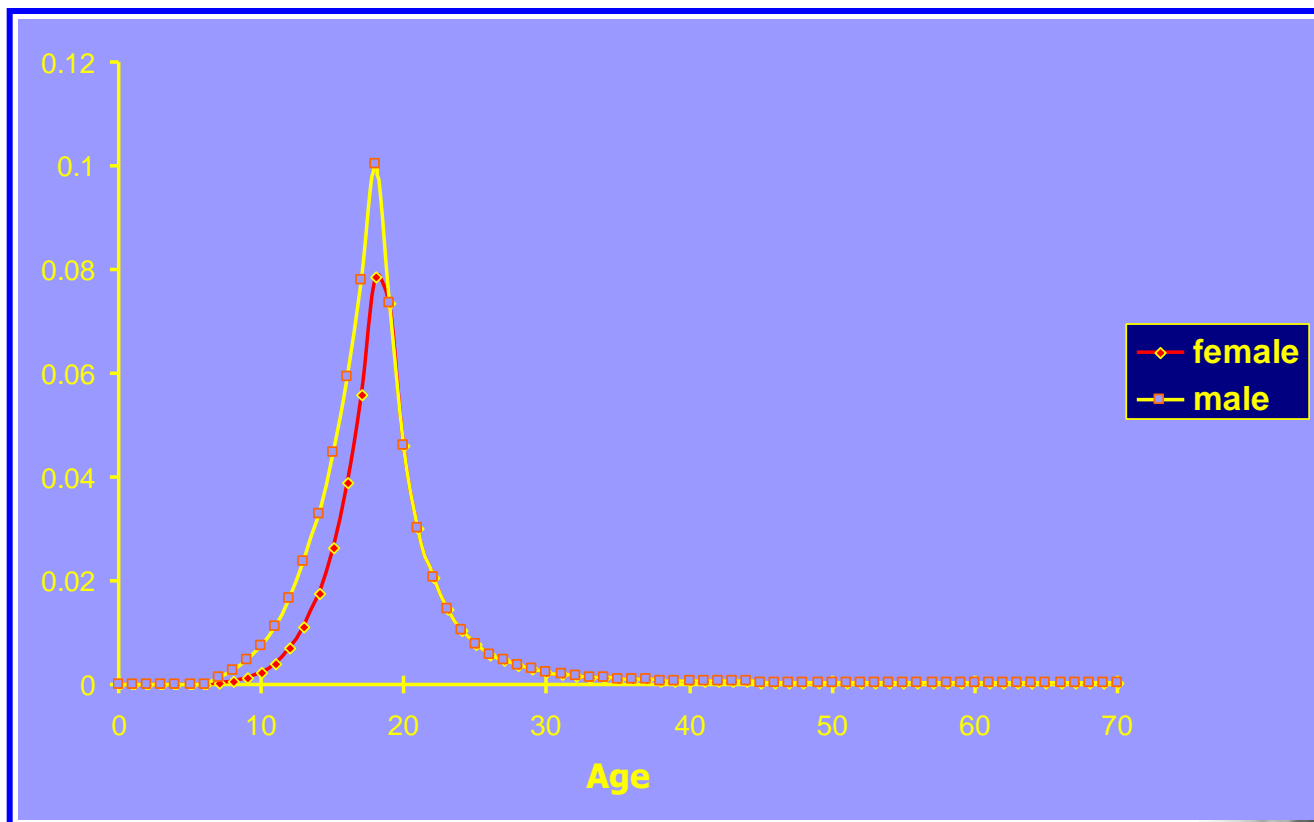
Epidemiology, developmental issues and health care provision

Dr P.-A. Michaud
Dr J. C. Seris
Dr R. Viner

World Health Organization



Probability of Smoking *Initiation*



Diana Fishbein





Summary: making a compelling case for a focus on adolescents: public health - behaviours

- *Nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth*

World Development Report 2007





Summary

- The effect of age on maternal mortality appears to be limited to very early pregnancies
 - Distribution of clinical causes of maternal deaths might differ in adolescents – due to biological, social and cultural reasons
- Some morbidities influence adolescents more
 - Biological and social vulnerability
- Evidence on age differences in the use of maternal health care is more prominent re preventive health care (e.g. antenatal care)
 - Need for reach adolescents with preventive health care and other interventions for social determinants



Summary: the Health and Development of Adolescents has an Impact throughout the Life Course

Health Problems During Adolescence	Age when Health Problem has its Major Impact		
	Adolescence	Adulthood	Childhood (next generation)
Accidents and Violence	+++	+	
Adolescent Pregnancy	++	+	++
Human Papilloma virus	+	+++	
Tobacco use	+	+++	+
HIV	+	+++	++





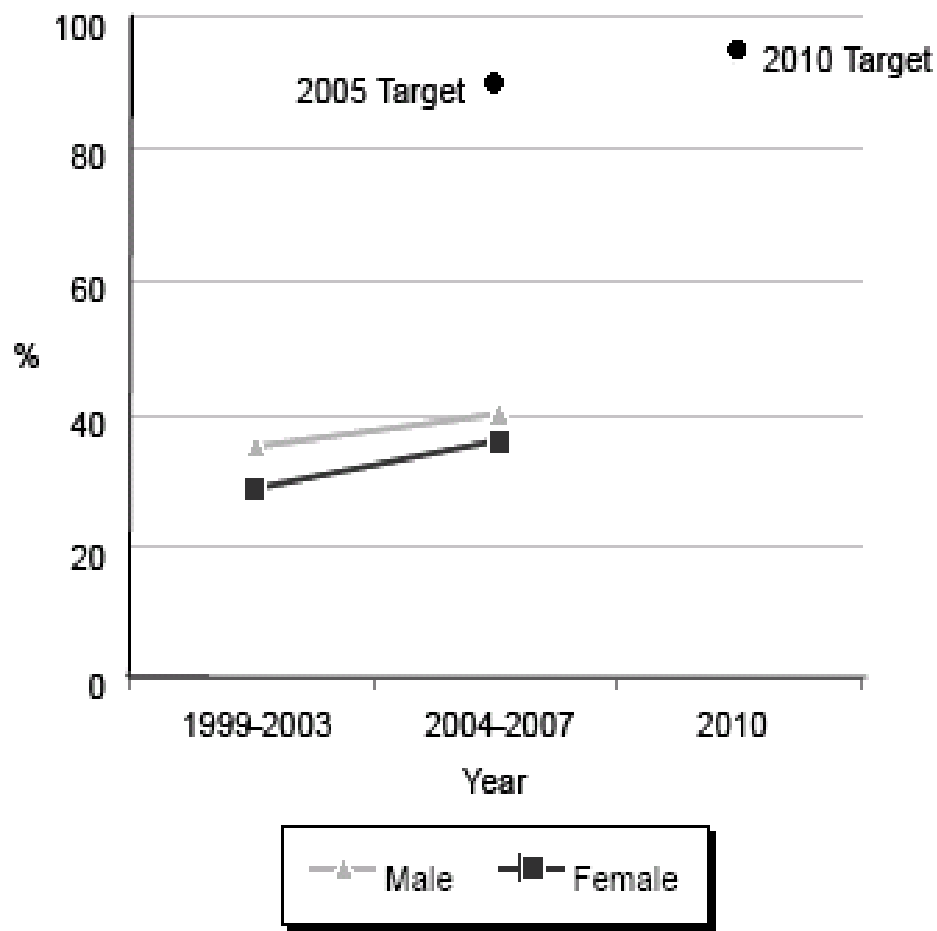
Global goals and targets


- **Cairo ICPD +15 (1994)**
 - ASRH put on the agenda
- **The UN General Assembly Special Session on Children**
 - Goal on Adolescent goal (2002)
- **The MDGs of particular relevance to Adolescents (2000)**
 - Have halted by 2015 and begun to reverse the spread of **HIV/AIDS**
 - Reduce by three quarters the **maternal mortality** ratio
 - Reduce age specific fertility rate (2007)
- **The UN General Assembly Special Session on HIV/AIDS (2001)**
 - By 2010 ensure that at least 95%) of young people...have access to the ... **information** ... **skills** ... and **services** they need...to reduce their vulnerability to HIV...
 - By 2010 ... HIV **prevalence** among young people reduced globally by 25%



Achieving the global goals: a long way to go!

Comprehensive knowledge of HIV among young people aged 15-24, 1995-2005





Introduction

Access to Health Services for Young People for Preventing HIV and Improving Sexual and Reproductive Health

HIV infections among young men and women (aged 15-24 years old) accounted for 65% of all new infections in 2008 (1). Having access to health services that address HIV and sexual and reproductive health issues, continues to be an important component of the national response to meet the needs of young people, the majority of whom lack access to effective prevention programmes, including condoms (2). The Declaration of Commitment on HIV/AIDS, adopted by the United Nations General Assembly Special Session (UNGASS) on HIV in 2001, included a specific goal for the coverage of interventions for young people:

MEASURE ON HIV/AIDS GOAL FOR YOUNG PEOPLE

"By 2005, ensure that at least 80% and by 2010 at least 85% of young men and women, 15-24, have access to information, education including peer and youth-specific HIV education and services necessary to reduce their vulnerability to HIV infection."

In addition, the UNGASS Declaration on Children in 2002 included the same goal as the International Conference on Population and Development (ICPD) in 1994, to "ensure that by 2005, at least 80% of young people aged 15-24 years old have access to information, education and services necessary to reduce their vulnerability to HIV infection."


Progress is being made in the implementation of the ICPD Programme of Action, the UN General Assembly adopted that "Governments should... provide appropriate, affordable, user-friendly and accessible services for reducing vulnerability to HIV acquisition and other STIs, including reproductive health education, information, counselling and family planning services."

In order to report on progress in achieving these coverage goals, national and sub-national data are needed. The Department of Child and Adolescent Health and Development, World Health Organization (CAH/WHO), organized a technical consultation on "Measuring Coverage of Health Services for Young People" in April 2007, in Geneva. Participants (24) and international technical partners (composed of 24 indicators to use at the global level and 6 indicators at sub-national level) to measure the coverage of health services for young people. The global level indicators are forthcoming in all countries, while the national level indicators are prepared for use within countries in order to provide more comprehensive information on the coverage achieved.

Agreed considerations in the selection of indicators are that they correlate with those that are already being collected by Demographic and Health Surveys (DHS), and other nationally representative surveys (see Table 1 for the indicators proposed). Two of the global indicators (indicators 2 and 3) are included in the list for monitoring the UNGASS Declaration of Commitment on HIV/AIDS. WHO will also use these two indicators for monitoring the health service response in scaling up efforts to reach 90% of young people (15-24) in HIV prevention, treatment and care, in the global commitment at the 2009 World Health Assembly in 2009, to report annually on progress."

For most vital populations of young people (MYPs), most of the above indicators should be given a specific case apply, as noted above (shown in Table 1). In addition, three additional indicators (see 12 to 14) were also selected for monitoring the coverage of services specifically for MYPs, as noted in Table 1."

1. WHO/UNAIDS, 2009a
2. WHO's commitment to the Millennium Development Goals





ICPD Programme of Action, Paragraph 7.3

- Reproductive rights embrace certain human rights that are already recognized in national laws,
- the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.
- It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents





The Convention on the Rights of the Child

- Definition of "Child"
- Non-discrimination
- Best interests of the Child
- Evolving capacities of the Child
- Participation
- Right to services: health, education etc
- Right to be protected: from exploitation, abuse, harmful labour, etc.
- **CEDAW: United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**

Rights in marriage: Ethiopia, Malawi and Nigeria



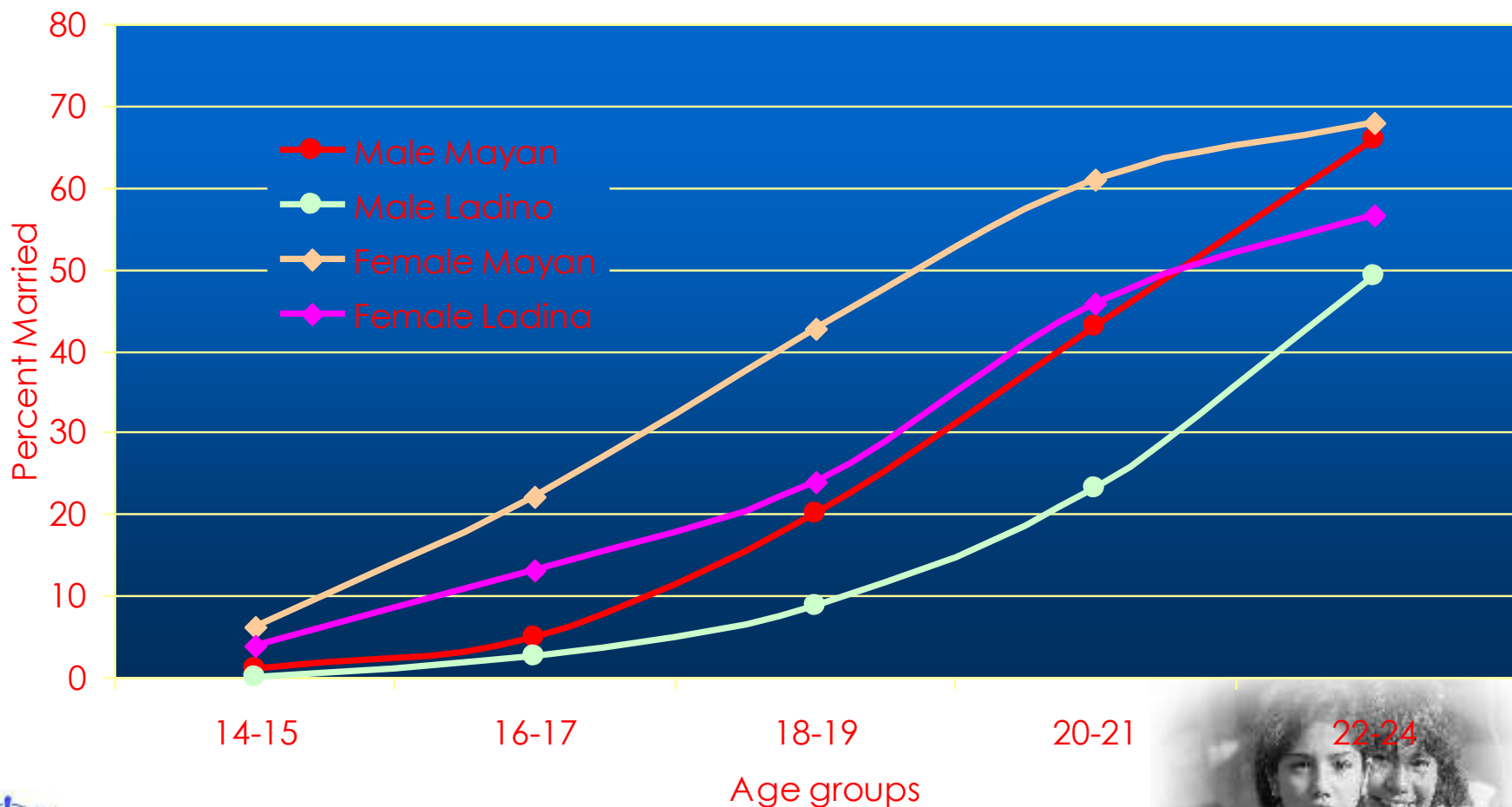
Reasons for non-attendance at school, among Amhara/Ethiopia adolescents 10 to 19, by sex

	Boys (n=925)	Girls (n=940)
Family could not afford	46.2	39.9
Too many domestic responsibilities	33.7	14.4
Got married	1.4	30.5
Family does not see the benefit	7.6	7.0
School too far/no schools	4.3	3.3
Other	6.8	4.9
<i>PC/MOYs survey of adolescents 10 to 19 in rural Amhara, 2004</i>		





Marriage in Guatemala



Fuente: ENCOVI 2000

Source: ENVOVI 2000



Social isolation is associated with

- Poor self-esteem, limited personal power and assets
- Greater risk of early sexual experience
- Higher risk of coercive sexual encounters
- Lower negotiating power in sexual relationships
- Lower wealth and poorer health





Male Circumcision

HPV vaccine

- Growing political commitment and resources
- Interventions during adolescence (with impact later in life)
- Linkages with other aspects of adolescent health: possibilities for MC-plus and HPV-plus



As her parent,
you have always been there for her.



When she was 3,
you were there to
bandage her knee.



When she was 6,
you were there to help her
sound out the big words.

Now is the time to **protect** your
pre-teen daughter from **cervical cancer**.



- Cervical cancer is caused by a common virus called the human papillomavirus (HPV).
- In 2007, about 11,000 women will be diagnosed with cervical cancer and about 3,600 women will die from it in the U.S.
- An HPV vaccine is now available. It can prevent most cervical cancers.
- The vaccine is safe and very effective.
- Doctors recommend the HPV vaccine for all 11 and 12 year old girls. If your daughter missed getting the vaccine when she was 11 or 12, make an appointment for her to get it now.

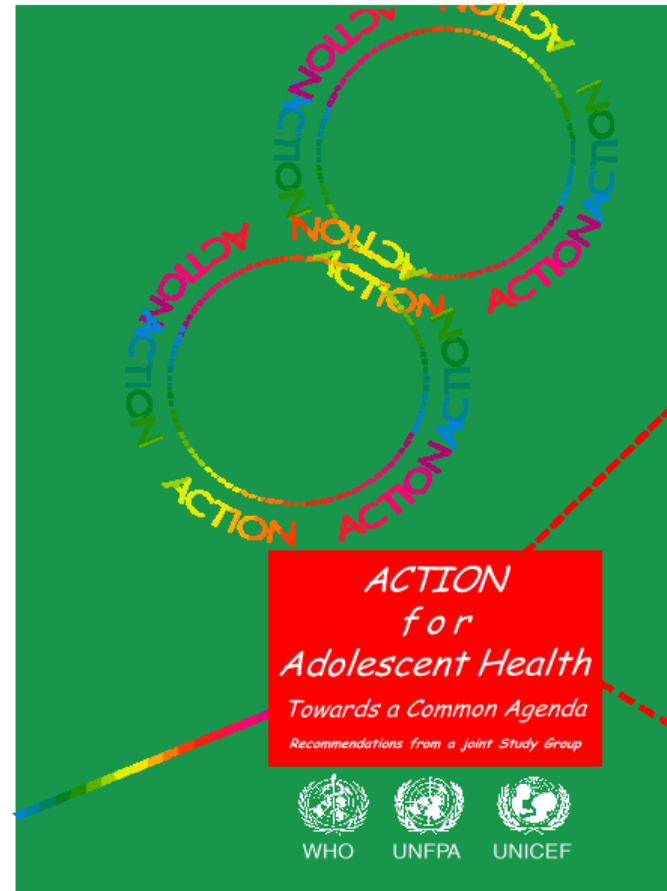
FOR MORE INFORMATION CONTACT US:
FOR YOUR LOCAL HEALTH DEPARTMENT
OR CALL: 1-877-CDC-HPV (1-877-234-2747)
OR VISIT: www.cdc.gov/vaccines/imz.htm






The 1995 Study Group Framework: Making it simple

- Information and Life Skills
- Services and Counselling
- Safe and Supportive environment
- Opportunities to contribute and participate






A framework for programming for young people's health and development

Information and Life Skills				
Services and Counselling				
Safe and Supportive Environment				
Opportunities to participate				



CAH

A framework for programming for young people's health and development

	Health Sector	Education Sector	Media	And many others: labour, criminal-justice, social services, parents, peers, etc.)
Information and Life Skills				
Services and Counselling				
Safe and Supportive Environment				
Opportunities to participate				



A framework for programming for young people's health and development

	Health Sector	Education Sector	Media	And many others: labour, criminal-justice, social services, parents, peers, etc.)
Information and Life Skills	+	+++	++	++
Services and Counselling	+++	+	+	+
Safe and Supportive Environment	+	++	++	+++
Opportunities to participate	+	+	+	++



A framework for programming for young people's health and development

	Health Sector	Education Sector	Media	And many others: labour, criminal-justice, social services, parents, peers, etc.)
Information and Life Skills	+	+++	++	++
Services and Counselling	+++	+	+	+
Safe and Supportive Environment	+	++	++	+++
Opportunities to participate	+	+	+	++



A framework for the Health Sector Response: The Four "Ss"

Strategic Information

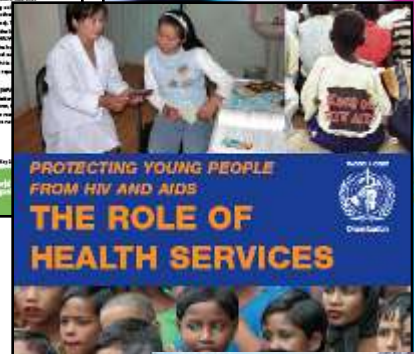
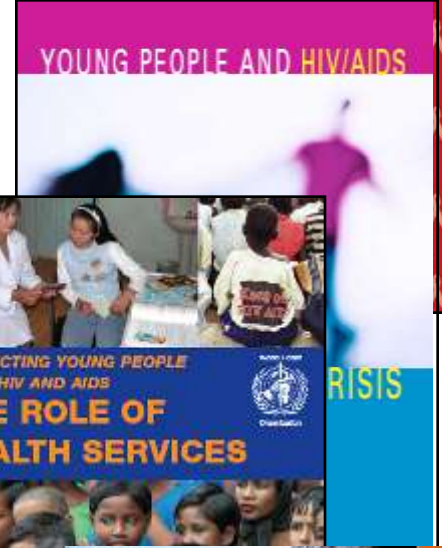
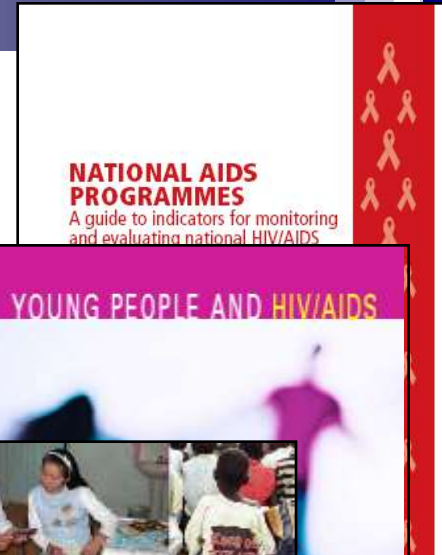
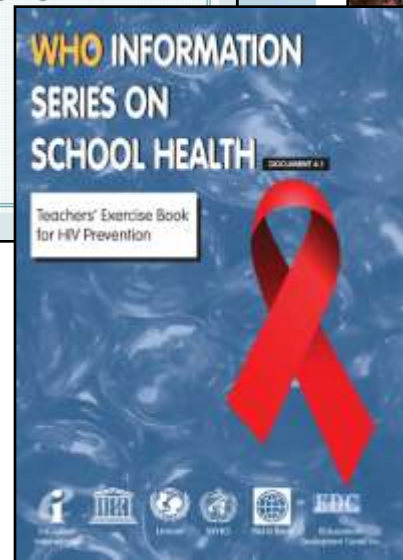
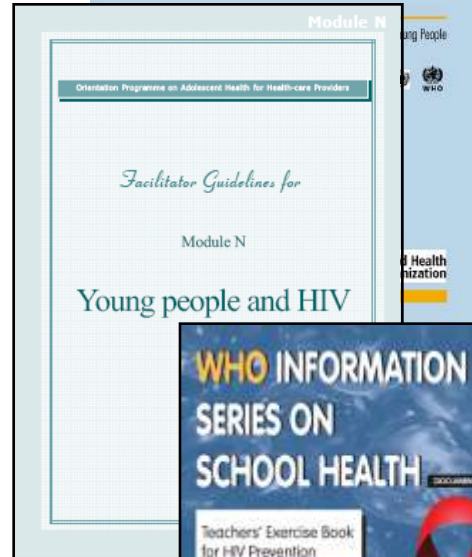
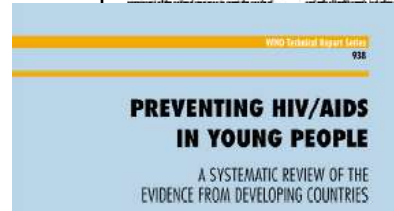
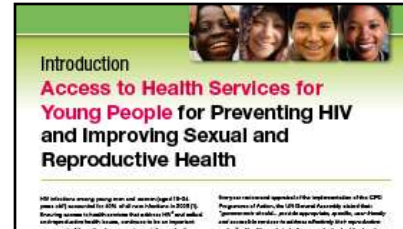
Supportive Policies

Services & commodities

Strengthening other sectors



New :
Systematic Review
ASRH



STRENGTHENING THE HEALTH SECTOR RESPONSE TO YOUNG PEOPLE'S LIVING WITH HIV