

Introduction to adolescence & to adolescent health

WHO Department of Child and Adolescent Health
and Development



**World Health
Organization**

Training Course in Sexual and Reproductive Health Research
Geneva 2010

Topics

1. The meaning of adolescence
2. The health problems that adolescents face
3. What adolescents need to grow & develop in good health
4. Who needs to meet the needs & fulfil the rights of adolescents
5. Why we should invest in the health & development of adolescents
6. Frameworks for addressing the health & development of adolescents



**World Health
Organization**

1. What do we mean by the term
'adolescents' ?

The second decade: No longer children, not *yet* adults !



Adolescents	10 - 19 years
Youth	15-24 years
Young people	10-24 years

Source: A picture of health? A review and annotated bibliography of the health of young people in developing countries (WHO, UNICEF, 1995).

Adolescents are a diverse population group

Different needs

Changing needs



What is special about adolescence ?

(What makes it different from childhood & adulthood ?)

- A time of rapid physical and psychological (cognitive and emotional) growth and development.
- A time in which new capacities are developed.
- A time of changing social relationships, expectations, roles and responsibilities.

2. What do we mean by the term
'health' ?

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Source: Constitution of the World Health Organization, 1948.

3. What are the main health problems of adolescents ?



Many adolescents move from childhood through adolescence into adulthood in good health.

Key health problems in adolescence.

Sexual & reproductive health

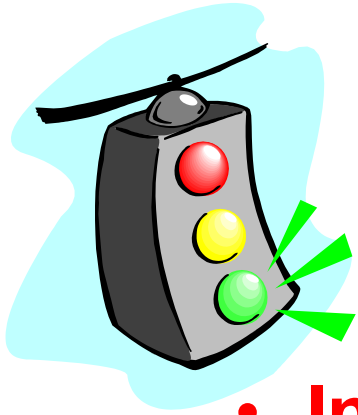
- Too early pregnancy
 - risks to mother
 - risks to baby
- Health problems during pregnancy & child birth (including unsafe abortion)
- Sexually Transmitted Infections including HIV
- Harmful traditional practices e.g. female genital mutilation
- Sexual coercion

Other issues

- Injuries from accidents & intentional violence
- Mental health problems
- Substance use problems
- Endemic diseases: malaria, schistosomiasis, tuberculosis
- Under/over-nutrition

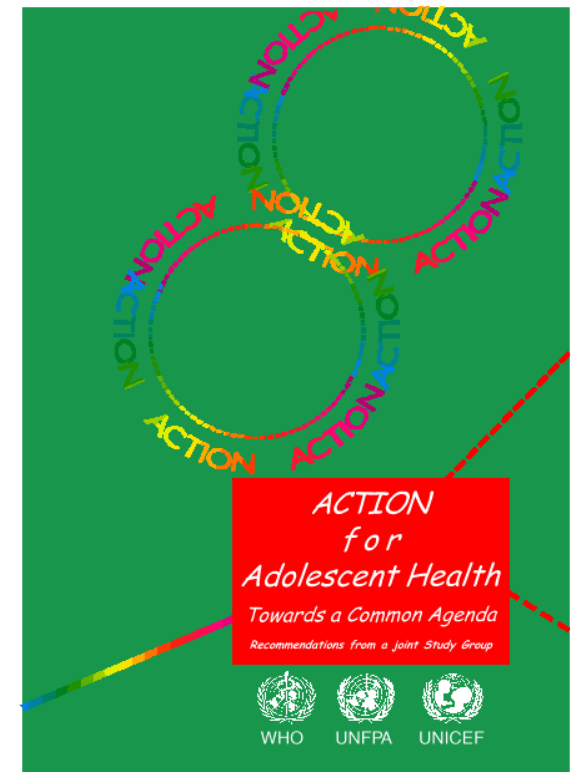
Source: United Nations. World Youth Report 2005. Young people today, and in 2015. United Nations. 2005. ISBN 92-1-130244-7.

4. What do adolescents need to grow & develop in good health ?

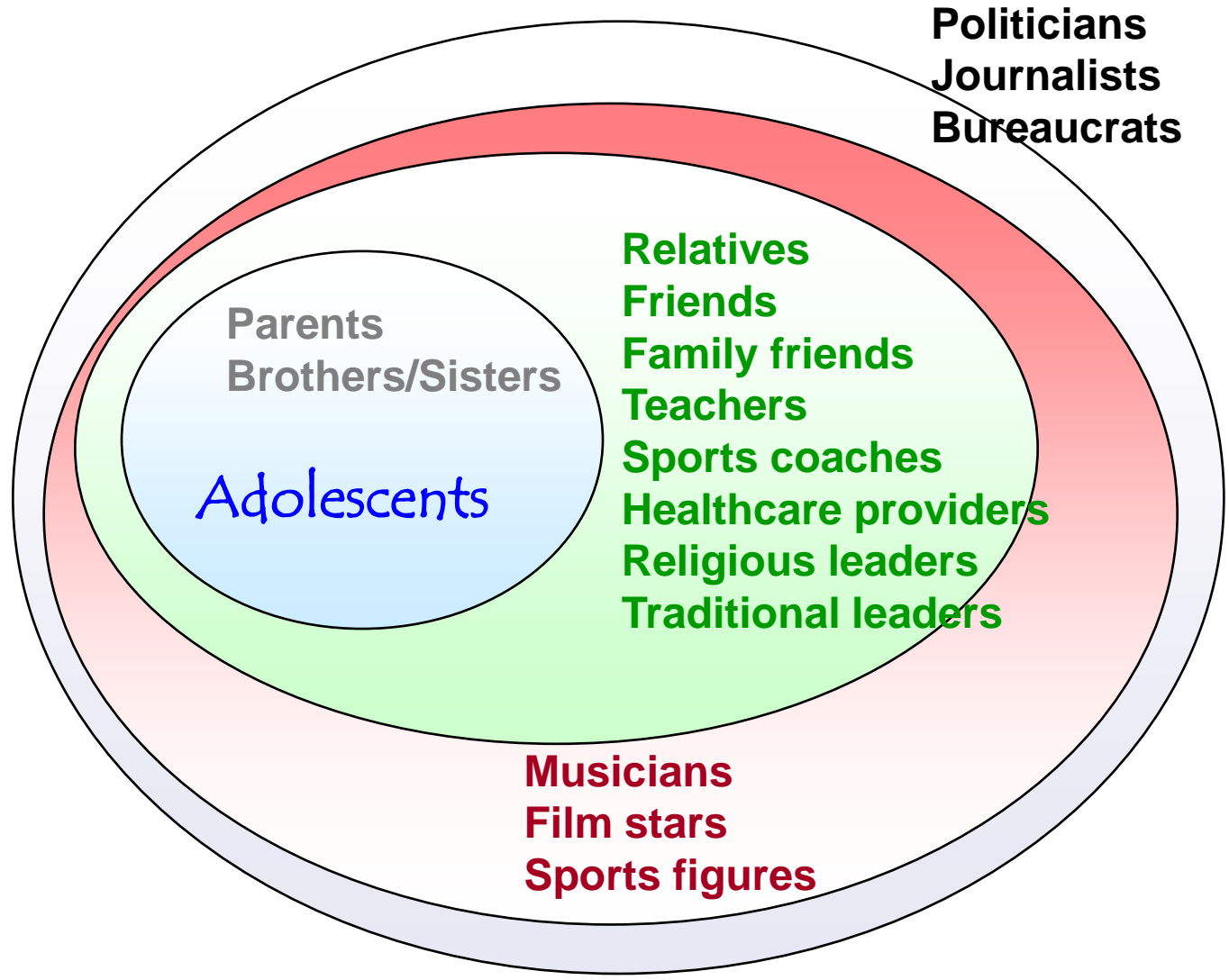


What adolescents need & why?

- **Information & skills**
(they are still developing)
- **Safe & supportive environment**
(they live in an adult world)
- **Health & counselling services**
(they need a safety net)



5. Who needs to contribute to meeting these needs & fulfilling these rights ?



Parents
Brothers/Sisters

Adolescents

Relatives
Friends
Family friends
Teachers
Sports coaches
Healthcare providers
Religious leaders
Traditional leaders

Musicians
Film stars
Sports figures

Politicians
Journalists
Bureaucrats

6. Why should we invest in the health and development of adolescents ?



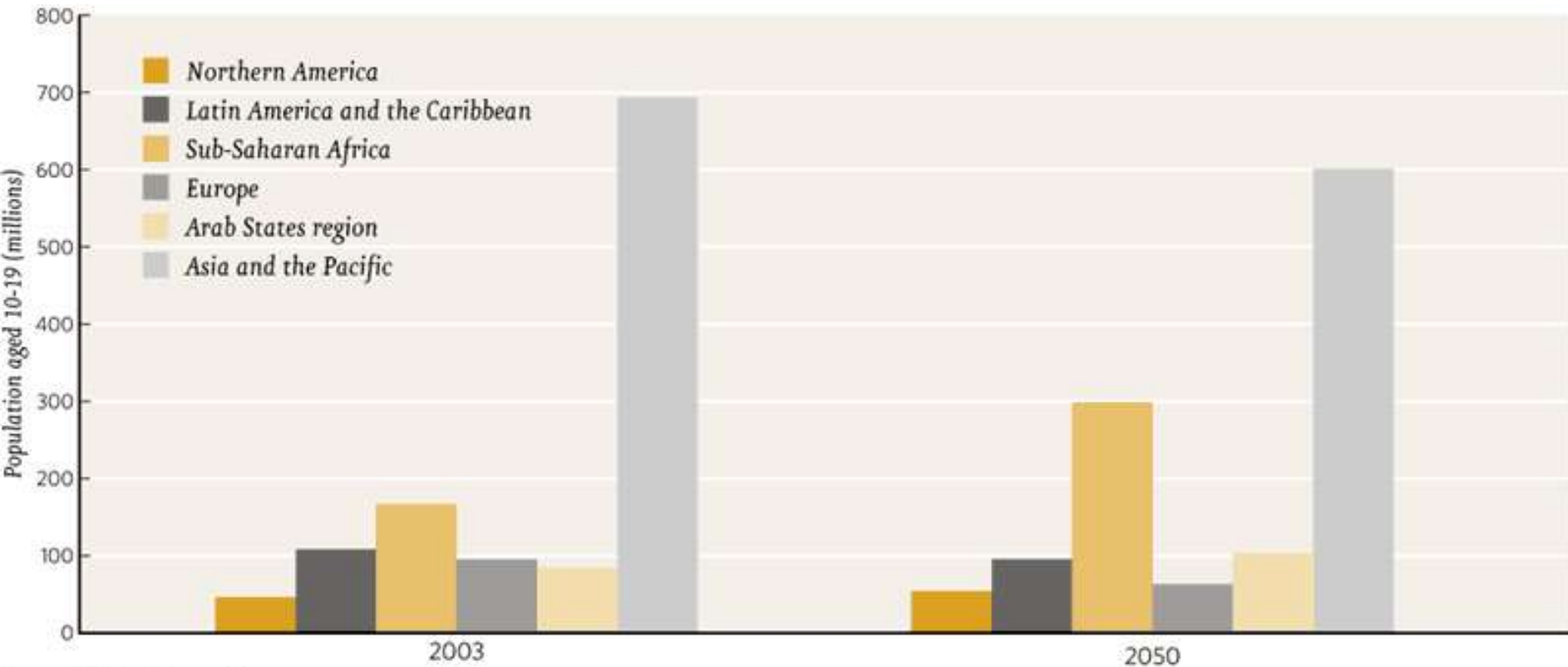
- Demographic rationale
- Public health rationale
- Economic rationale
- Human rights rationale

Demographic rationale – 1/2



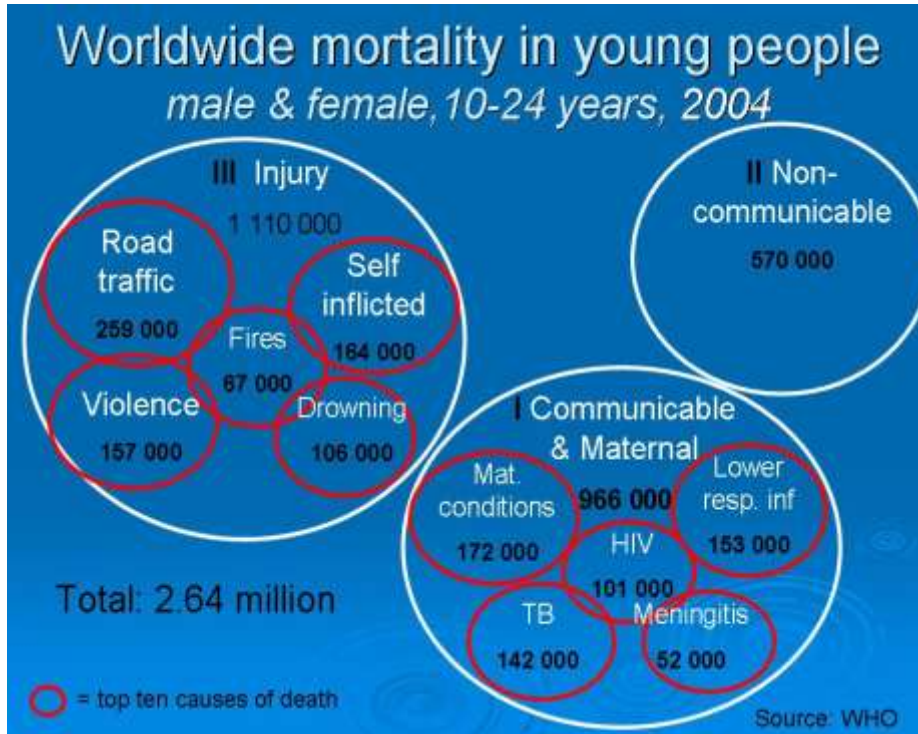
- **One in five individuals in the world today is an adolescent (around 1.2 billion).**
- **The largest number of adolescents in the history of mankind.**

Demographic rationale – 2/2



Source: UN Population Division

Public health rationale: mortality – 1/5



- There are around 2.6 million deaths among the 10-24 year age group worldwide every year.
- 97% occur in low and middle income countries.

Public health rationale: mortality 2/5

Death by condition by 5 year age group, 1999

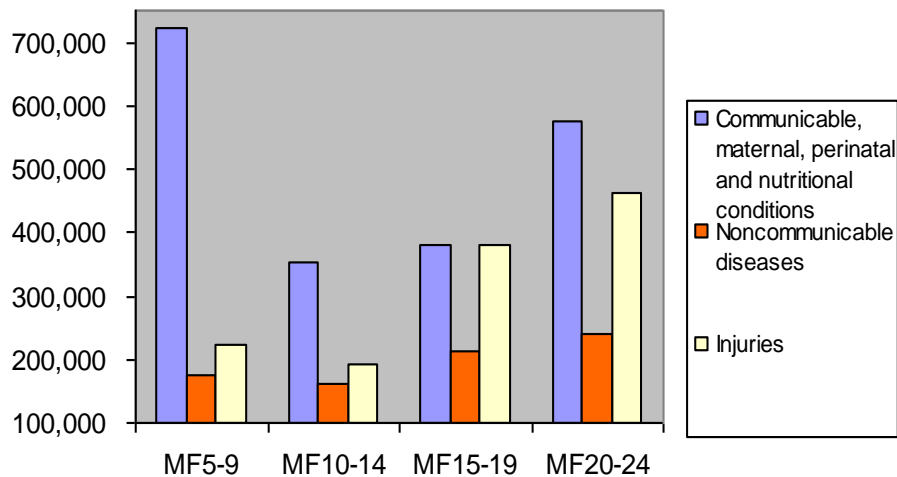
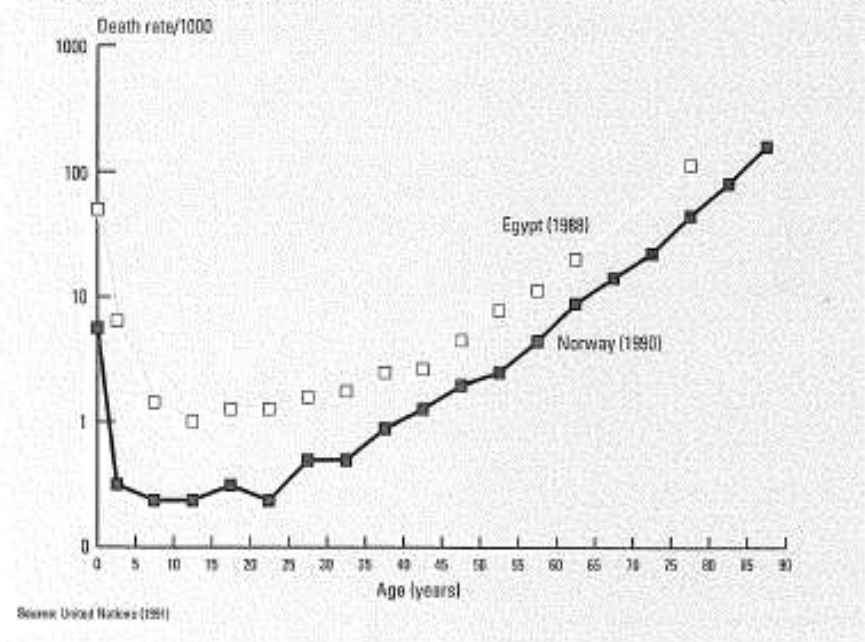


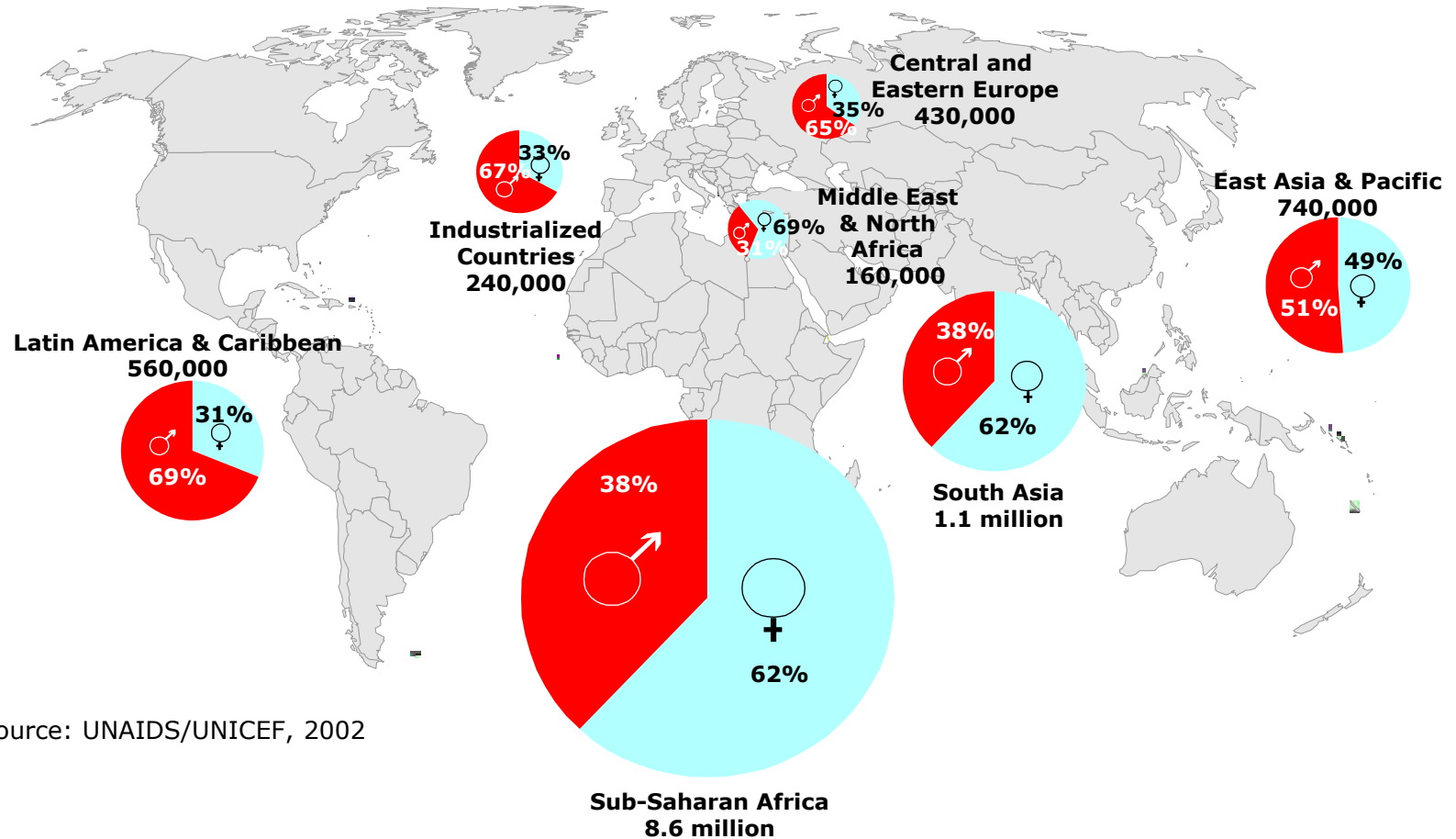
Figure 3. Death rates by age for females in Norway and Egypt



A Picture of Health, WHO/UNICEF (1995)

Public health rationale: morbidity – 3/5

There are over 10 million young people (15-24) living with HIV/AIDS

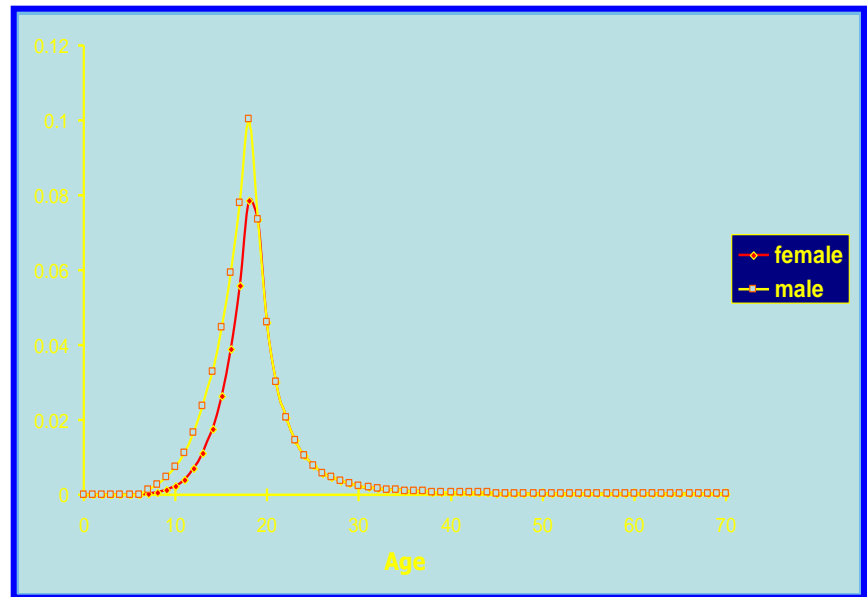


Source: UNAIDS/UNICEF, 2002

Public health rationale: behaviours – 4/5

- 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**



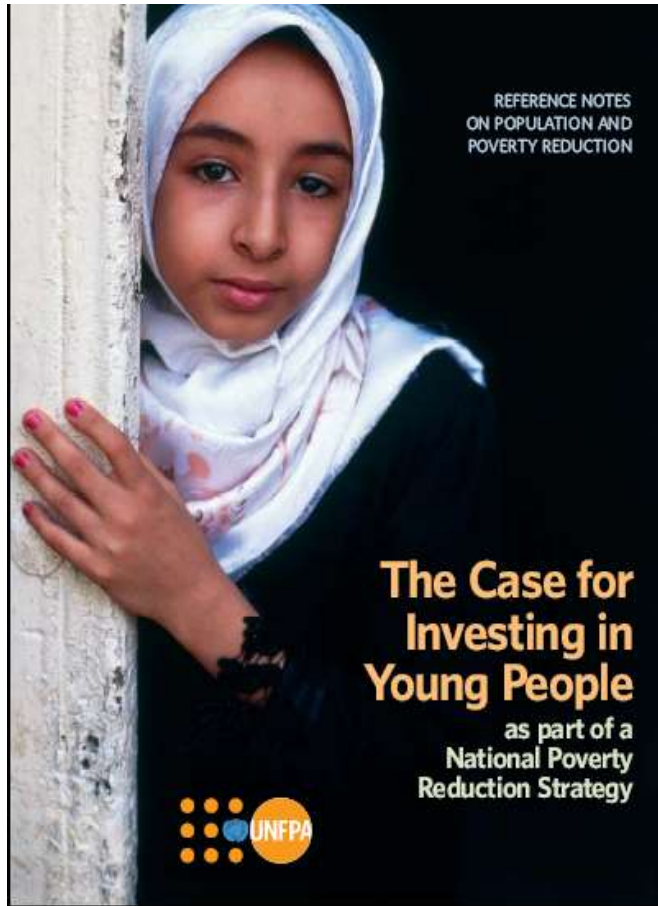
Age of smoking initiation

Public health rationale – 5/5

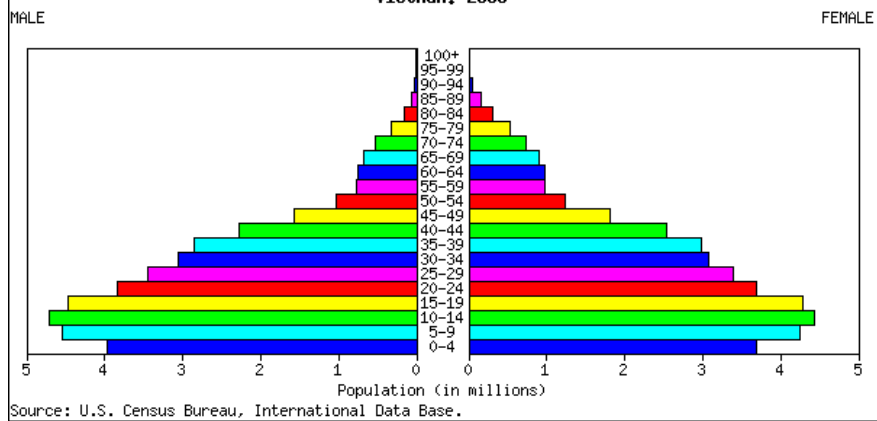
sound reasons for investment for this generation

Health problems / health-related behaviours during adolescence	Age when this has its major impact		
	Adolescence	Adulthood	Childhood (next generation)
Injuries and violence	+++	+	
Too-early pregnancy	++	+	++
Human Papilloma Virus infection	+	+++	
Tobacco use	+	+++	+
HIV infection	+	+++	++

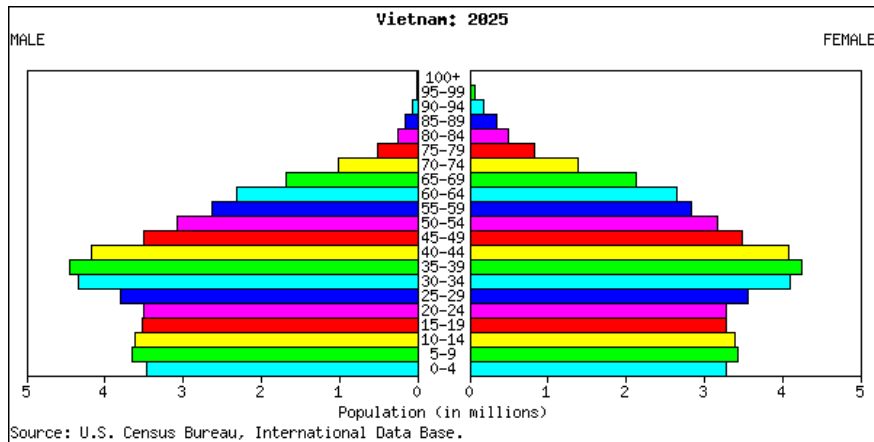
Economic rationale – 1/4



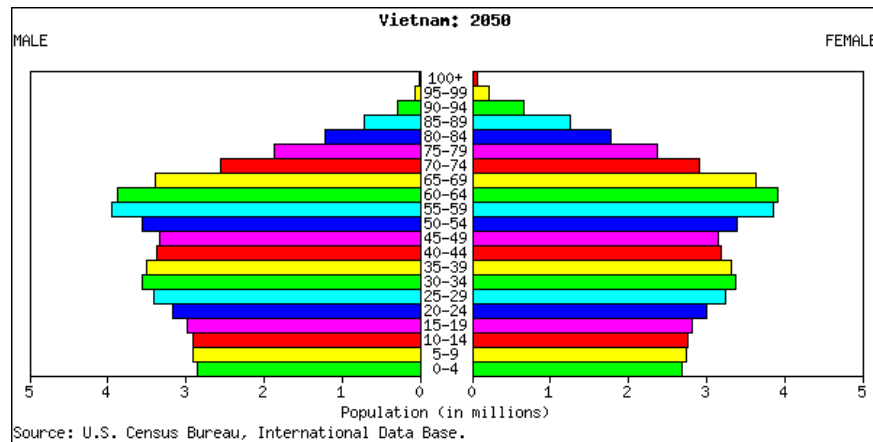
1. The benefits of investing in adolescents
2. The cost of not investing in adolescents



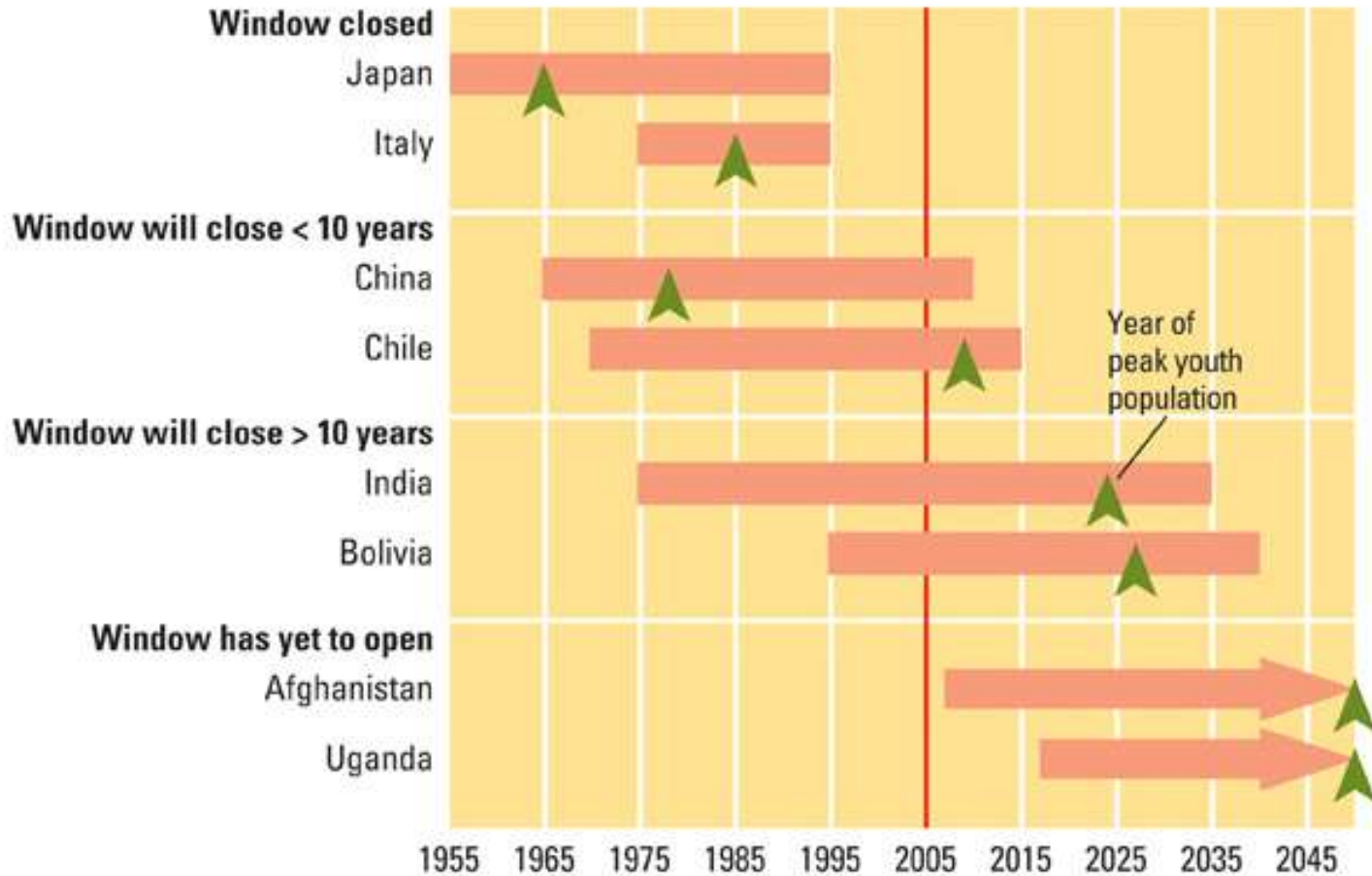
Economic rationale – 2/4



The need to make full use of the *demographic dividend* when one can.



Economic rationale – 3/4



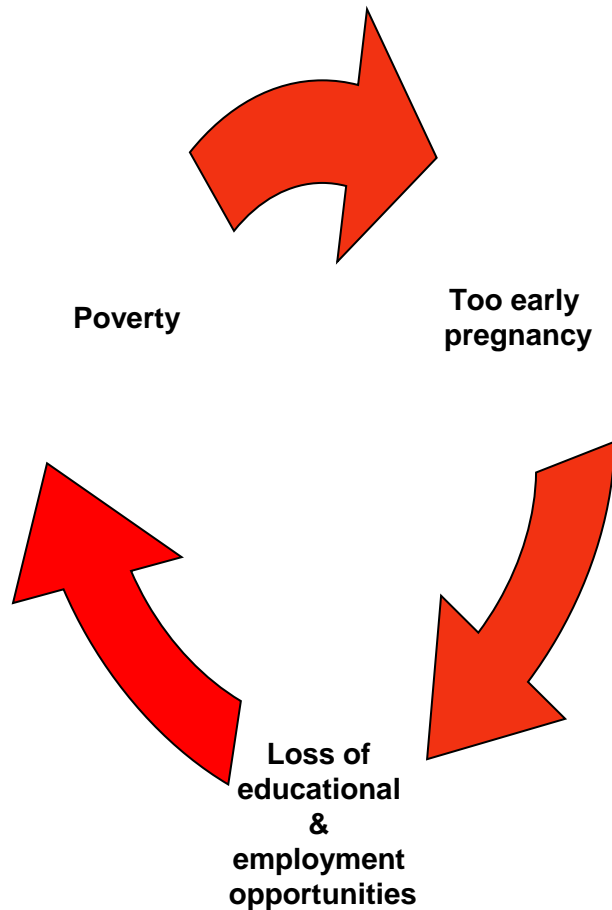
The need to act before the **demographic transition** closes doors.

Source: United Nations (2005b), medium variant.

Note: Bars show the range of years for which the dependency ratio—the number of dependents relative to people of working age—is falling.

Economic rationale - 4/4

Socio-economic deprivation: a cause & consequence of adolescent pregnancy



" We young women are not prepared to become mothers. I would like to continue my studies. But since I have had my daughter, my options have changed because I have many more obligations now."
Eylin 19, Honduras January 2006.

Source: World Development Report 2006 (World Bank, 2006.)

Human rights rationale -1/2



Choices: A guide for young people
Gill Gordon, 1999.

Convention on the rights of the child

- Article 24: The right to the highest level of health possible & to access the required health services
- Article 17: The right to access appropriate information from the media & to be protected from harmful information
- Article 13: The right to seek, receive and impart information and ideas of all kinds

Human rights rationale – 2/2

For many adolescents the world is in fact *'flat'*:

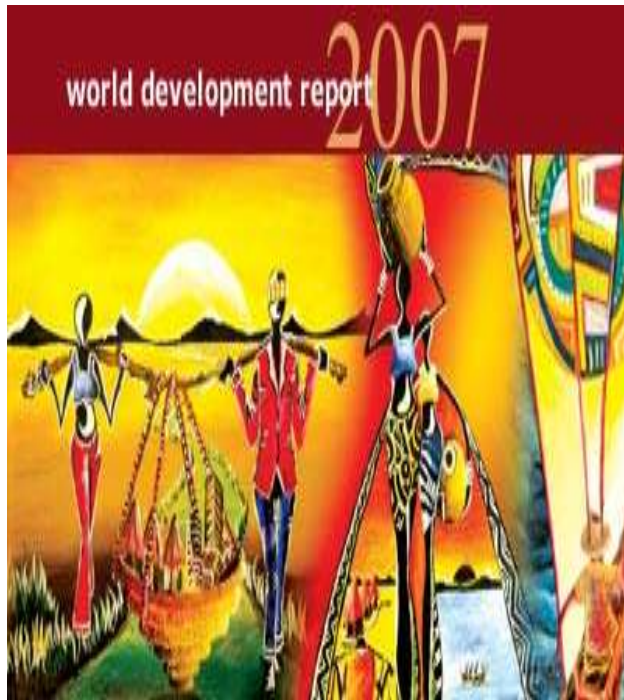
- **Greater access to education**
- **Greater access to information about the world**
- **Greater ability to make personal & professional choices**

For many other adolescents, the reality is very different



6. Frameworks for addressing the health and development of adolescents

World Bank framework: Youth transitions seen through three lenses

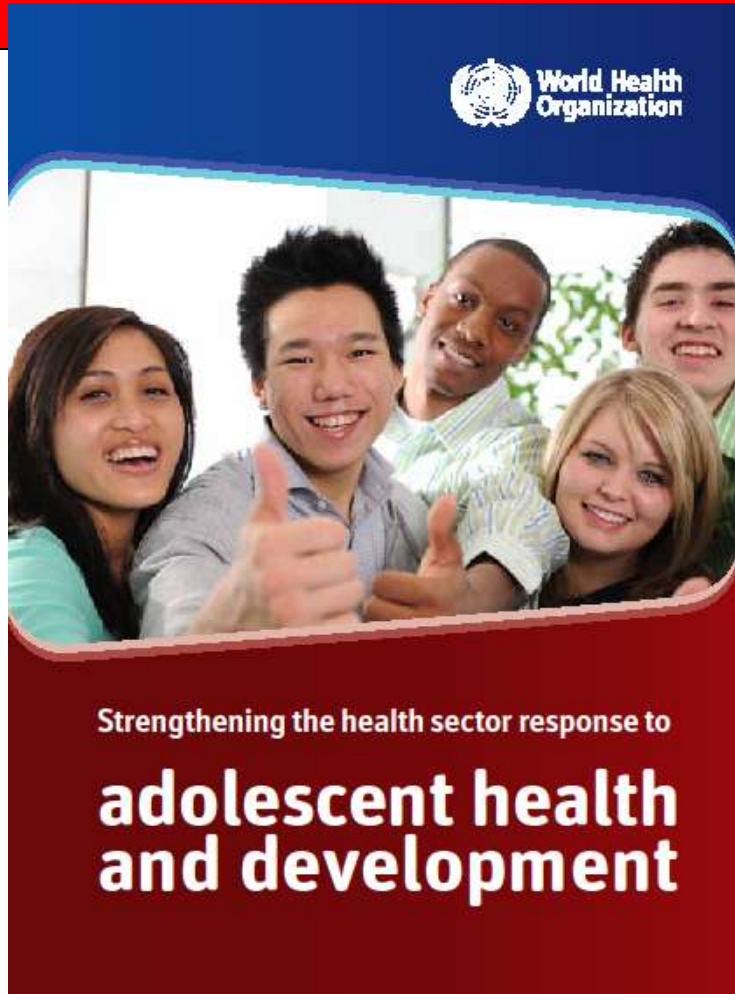


First lens: Broadening **opportunities** for young people to develop skills and use them productively.

Second lens: Helping them acquire the **capabilities** to make good decisions in pursuing those opportunities

Third lens: Offering them **second chances** to recover from bad decisions, either by them or by others.

WHO: Delineating & strengthening the contribution of the health sector



S

Strategic
information

S

Supportive
evidence-informed
policies

S

Services &
commodities

S

Strengthening &
supporting
other sectors

UNFPA framework for action on adolescents & youth

1. Supportive policy making that applies the lens of population structure & poverty dynamics analyses
2. Gender & life-skills based sexual & reproductive health education
3. Sexual & reproductive health services
4. Young people's leadership and participation

