

# Introduction to adolescence & to adolescent health

Training Course in Sexual and Reproductive Health Research  
Geneva 2012



**World Health  
Organization**

# 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 !



<b>Adolescents</b>	<b>10 - 19 years</b>
<b>Youth</b>	<b>15-24 years</b>
<b>Young people</b>	<b>10-24 years</b>

*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

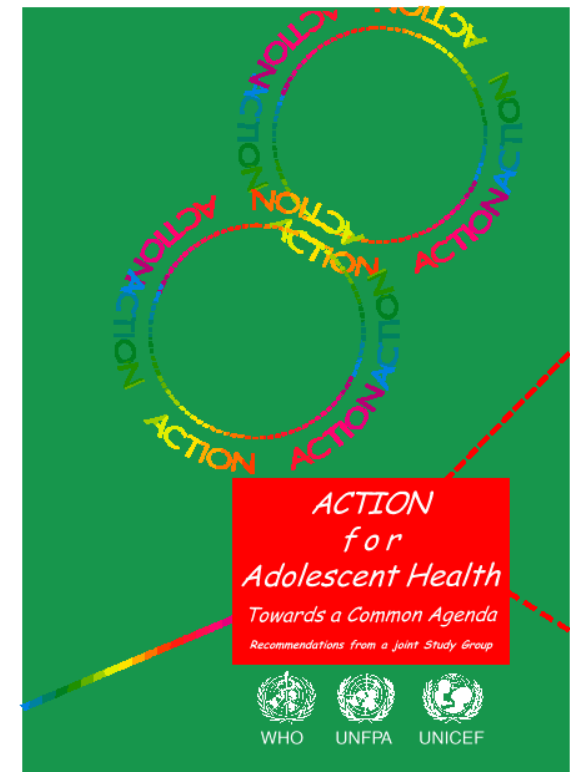
Source: United Nations. World Youth Report 2005. Young people today, and in 2015. United Nations. 2005. ISBN 92-1-130244-7.

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

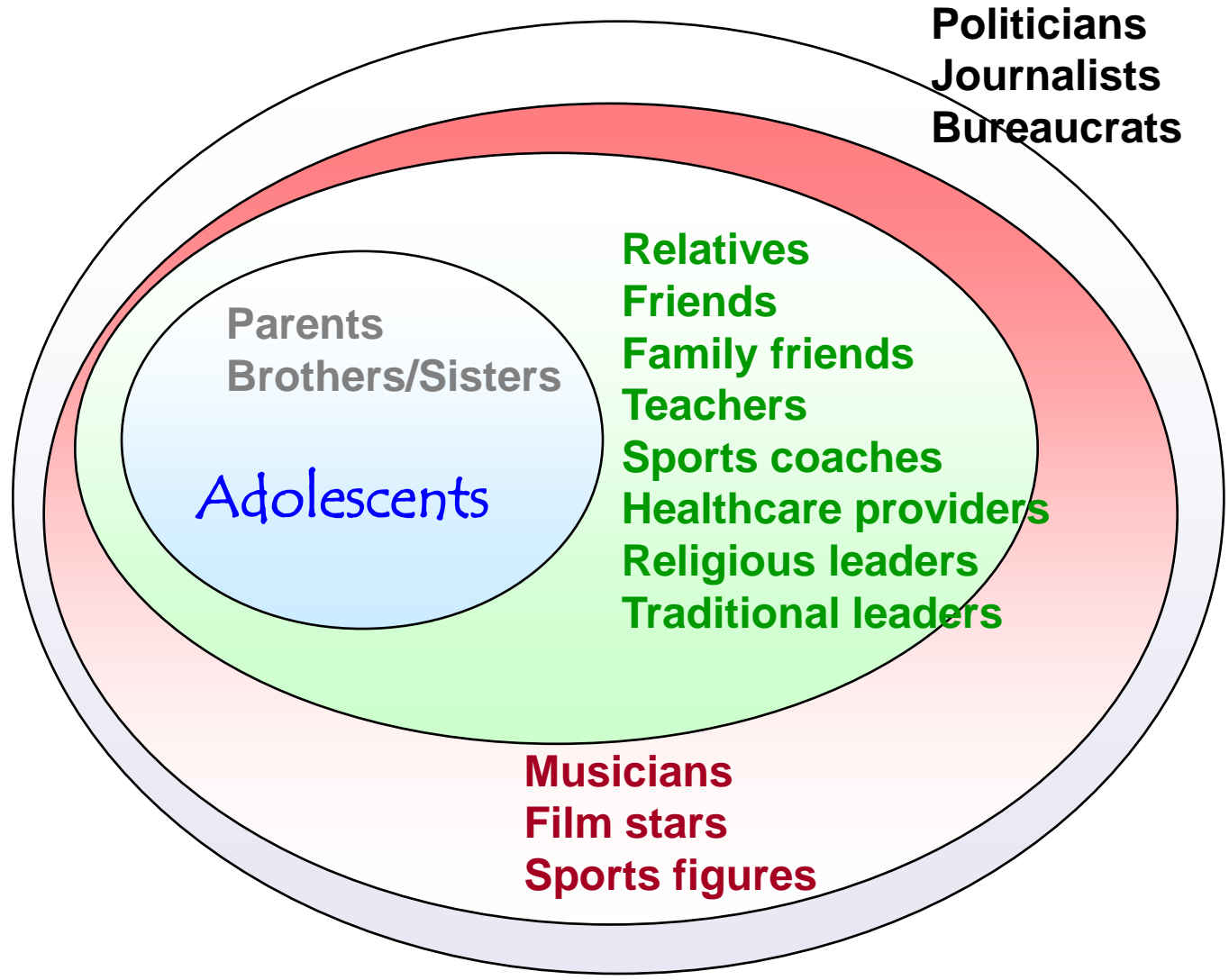


# What adolescents need & why?

- **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

Politicians  
Journalists  
Bureaucrats

Musicians  
Film stars  
Sports figures

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 is an adolescent, aged 10-19 years.
- Most adolescents live in developing countries.
- In these countries, they represent up to a fourth of the population.

Source: Youth & health risks. Report to the World Health Assembly, 2011.

# Public Health Rationale 1/4

## Mortality



Every year about 1.4 million deaths occur in adolescents.

Most of these deaths occur in low & middle income countries

Death rates vary by region & sex

Death rates rise sharply from early adolescence (10-14) to young adulthood (20-24)

Leading causes of death vary by sex and by region.

# Public Health Rationale 2/4

## Morbidity



Tens of millions of adolescents face health problems

- In 11 countries (out of 64 with available data), a quarter of the adolescent girls are underweight.
- In 21 countries (out of 41 countries with available data), a third of adolescent girls are anaemic
- Globally, about 2.2 million adolescents are living with HIV
- Between 40-70% ever-married girls aged 15-19 reported that they experienced emotional, physical or sexual violence by their current or most recent husband or partner.

# Public Health Rationale 3/4 Behaviours



Hundreds of millions of adolescents adopt unhealthy habits that will lead to disease and death in later life

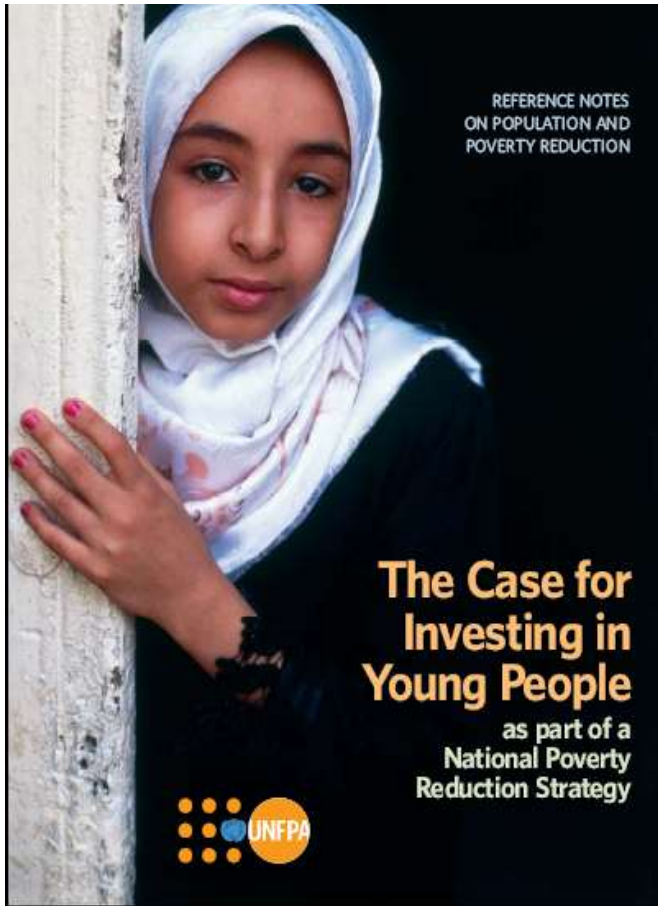
- Unprotected sex
- Physical inactivity
- Use of tobacco, alcohol & illicit drugs

## Public health rationale – 4/4

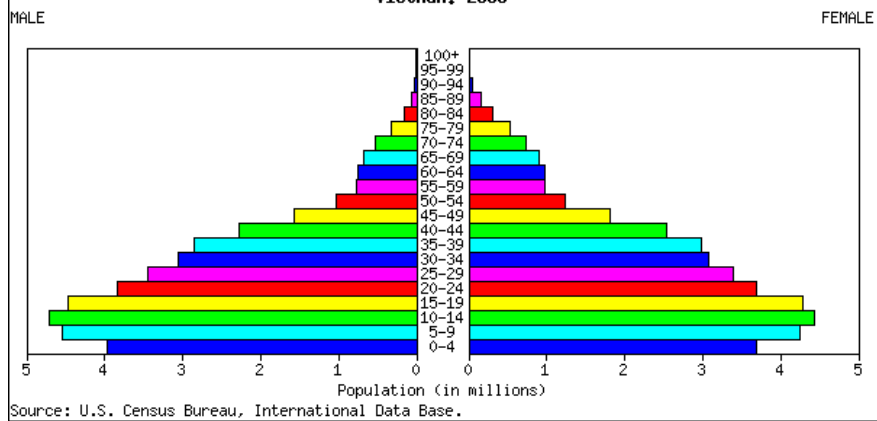
sound reasons for investment for this generation

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	+	+++	++

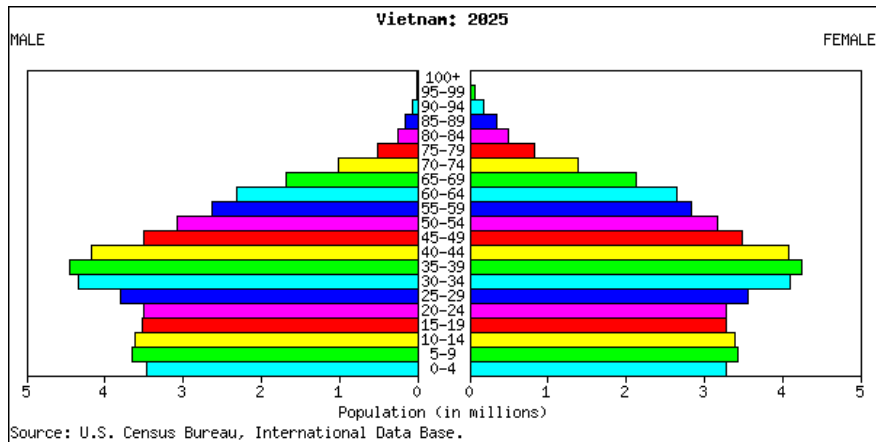
# Economic rationale – 1/4



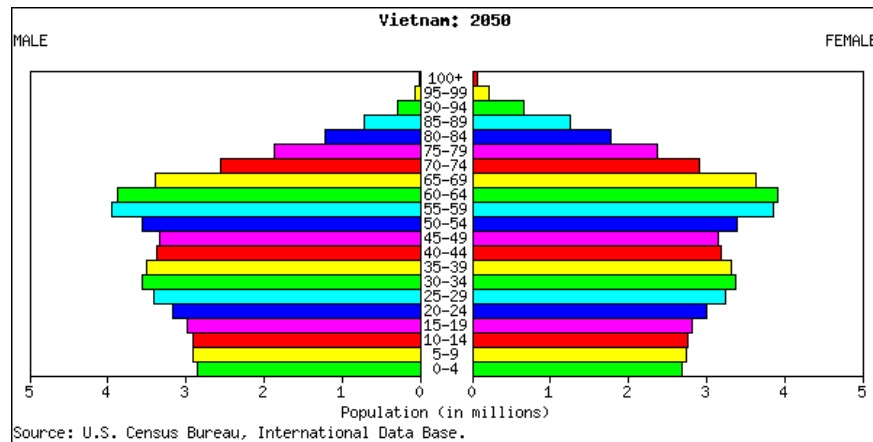
1. The benefits of investing in adolescents
2. The cost of not investing in adolescents



# Economic rationale – 2/4

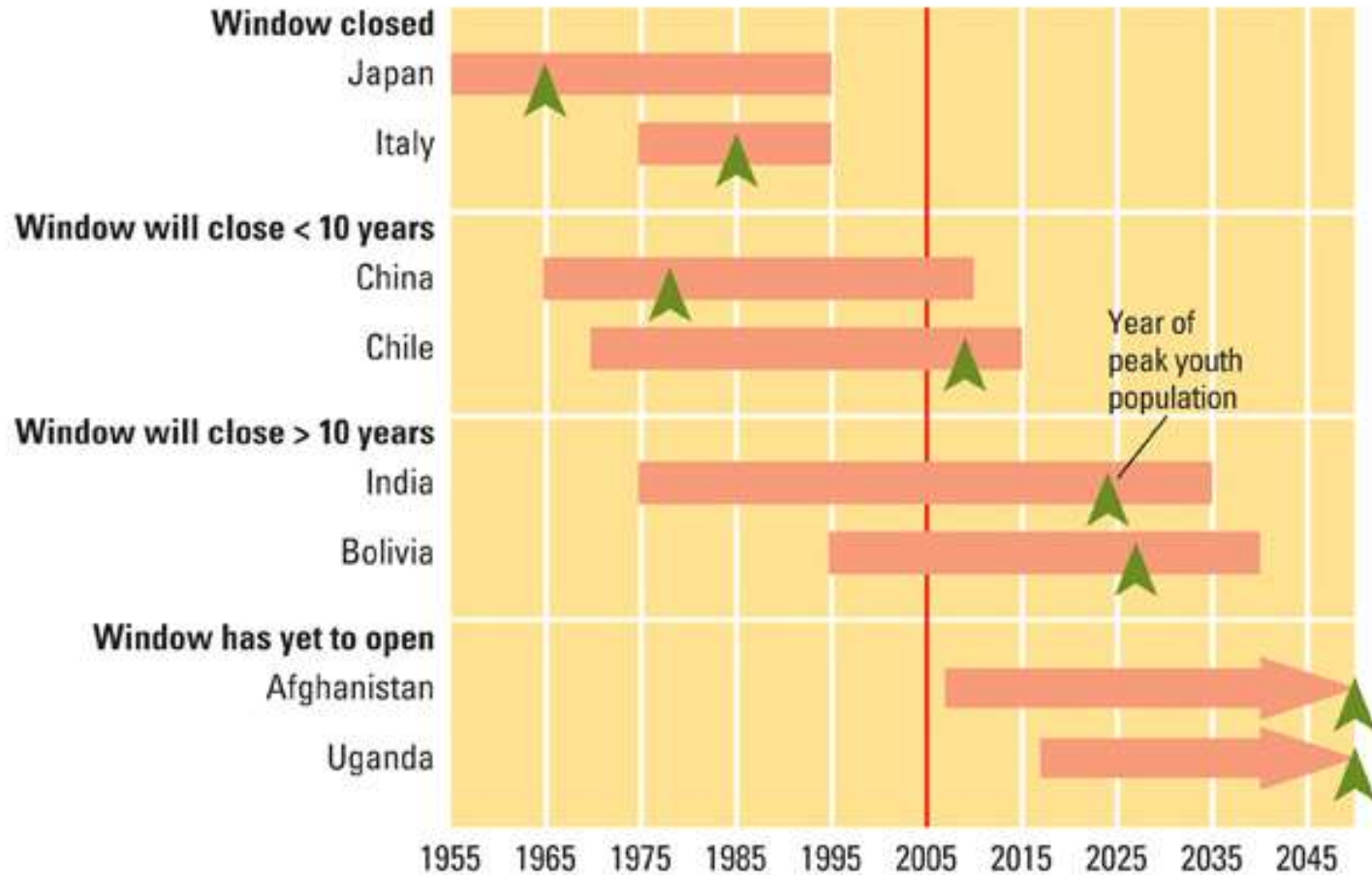


The need to make full use of the *demographic dividend* when one can.





# Economic rationale – 3/4



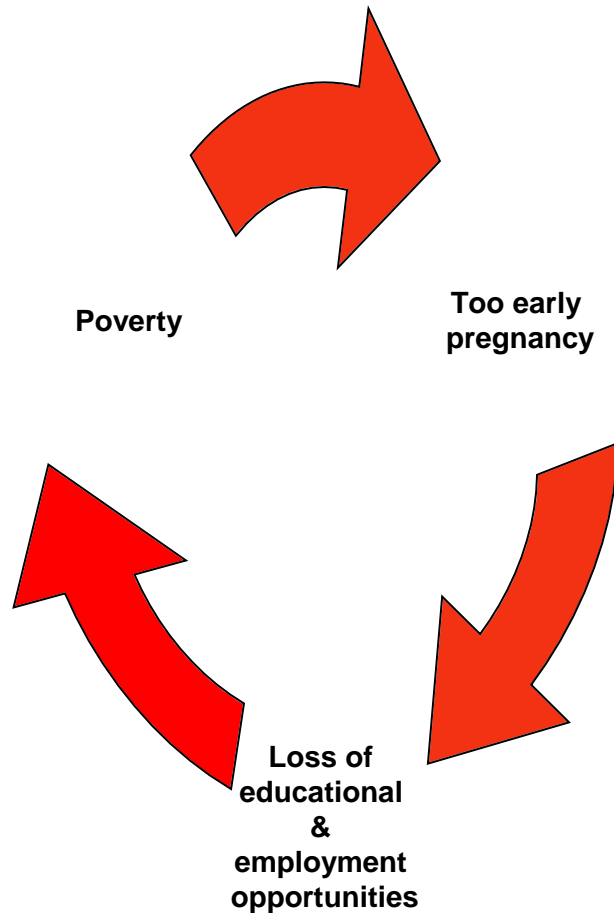
The need to act before the **demographic transition** closes doors.

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'*:**

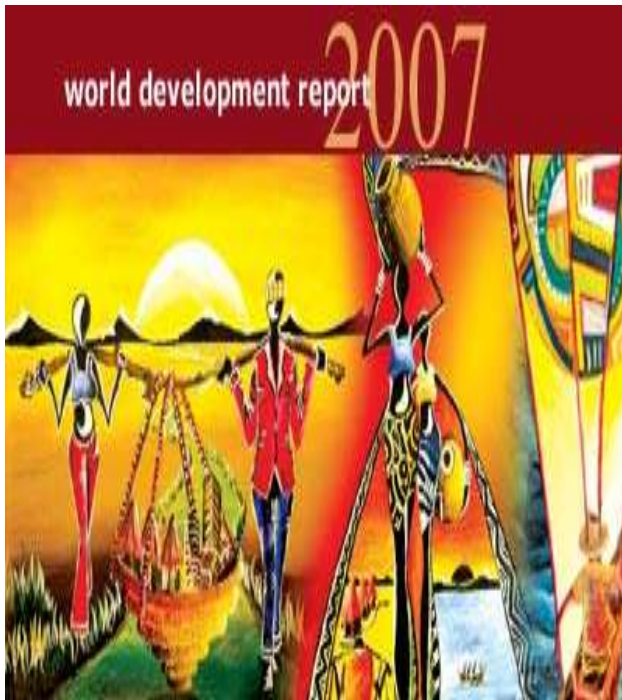
- **Greater access to education**
- **Greater access to information about the world**
- **Greater ability to make personal & professional choices**

**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

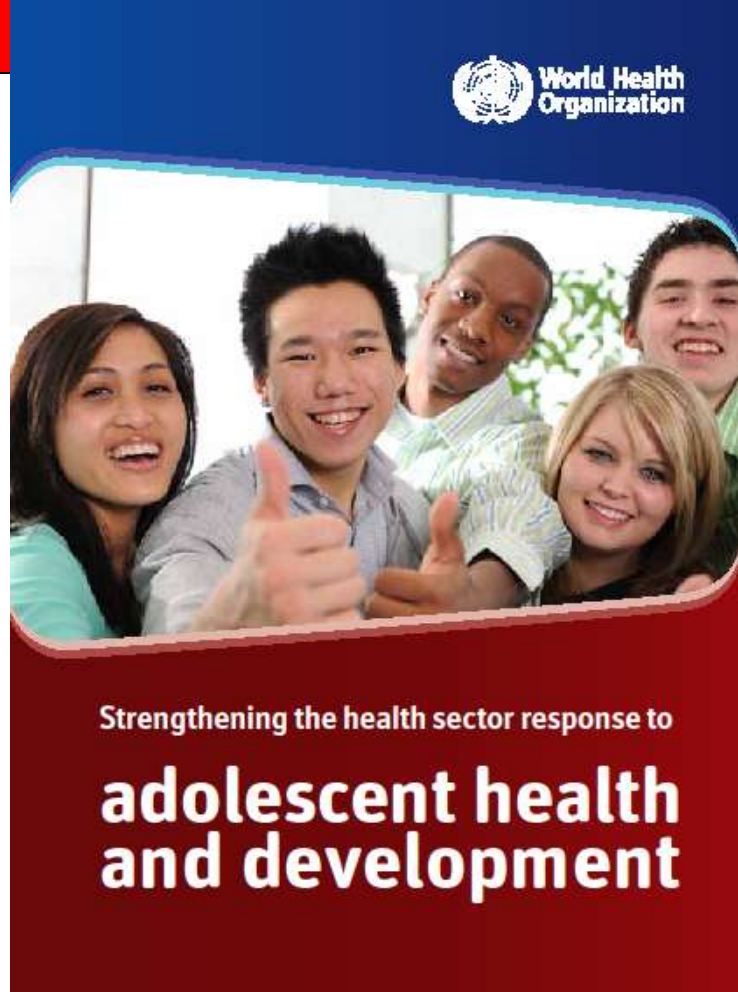


First lens: Broadening **opportunities** for young people to develop skills and use them productively.

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

