

Introduction to adolescent health & to adolescent sexual and reproductive health

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Key statement 1

WHO defines adolescents as individuals in the second decade of their lives – aged 10-19 years.

WHO recognizes that adolescence is a phase rather than a fixed time period in an individual's life – a phase when enormous physical, psychological and social changes occur.



Key statement 2

Adolescents are a very diverse group.

They:

- **Are in different stages of development**
- **Live in different circumstances**
- **Have very different needs and problems**



Key statement 3

Many individuals make the transition from childhood through adolescence into adulthood in good health.

Many others do not.

Deaths: An estimated 1.4 million adolescents die every year due to road traffic injuries, violence and pregnancy-related causes.

Illnesses: Tens of millions of adolescents experience health problems such as depression, anaemia and underweight, and HIV infection.

Unhealthy behaviours: Hundreds of millions of adolescents initiate behaviours - such as tobacco use, physical inactivity and unhealthy eating habits – that could result in lung cancer, cardiovascular disease and diabetes in the adulthood.

Key statement 4

Risk reduction approaches are important. But they alone are not enough.



- Helping adolescents become aware of risks to their health (e.g. the risk of HIV infection)
- Teaching them how to avoid these risks (e.g. to refuse unwanted sex or to have safe safely)
- Giving them the means to protect themselves (e.g. condoms)
- Helping them if they experience problems (e.g. an unwanted pregnancy or sexually transmitted infection)

We need to build the core assets of adolescents so that they can take greater control of their lives

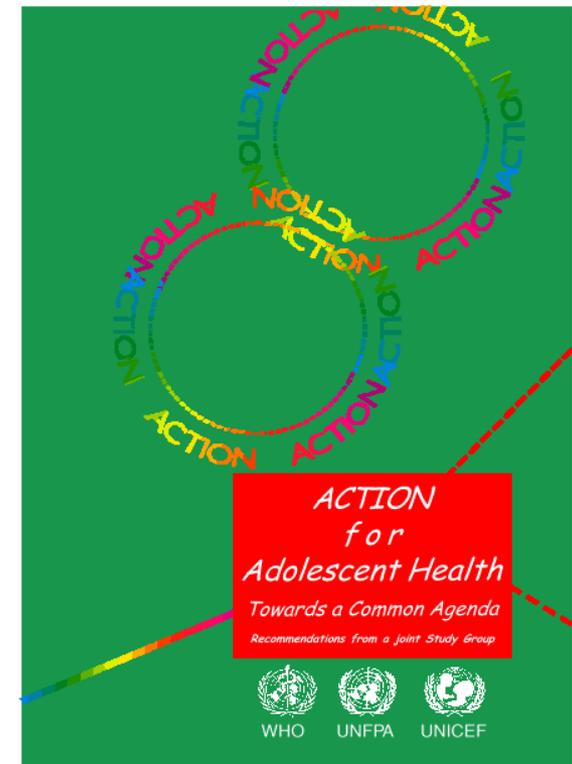
- ❑ **Competence**
(abilities to do specific things)
- ❑ **Confidence**
(positive sense of self worth)
- ❑ **Connection**
(positive bonds with people & institutions)
- ❑ **Character**
(sense of right & wrong, & respect for standards of right behaviour)
- ❑ **Caring**
(sense of sympathy and empathy for others)





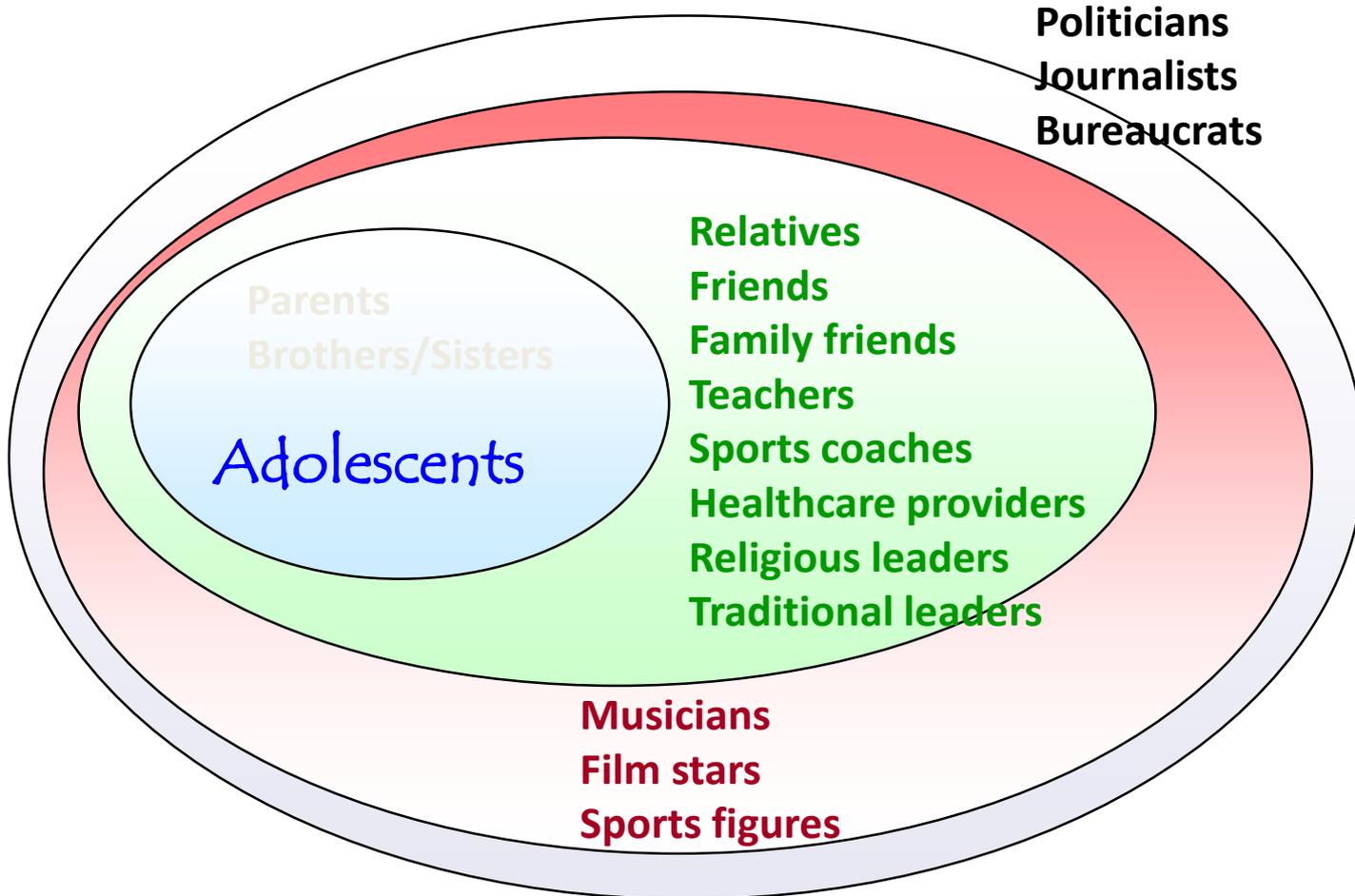
To grow & develop in good health, adolescents need

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



Key statement 5

Many individuals & institutions need to contribute to the health & development of adolescents



Key statement 6

Adolescents face sexual and reproductive health problems

Limited & patchy progress

Despite gains in selected countries, little progress has been made in preventing child marriage in developing countries

TABLE 1
COUNTRIES SHOWING A DECLINE IN THE RATE OF CHILD MARRIAGE BY REGION

REGION	COUNTRIES WITH SIGNIFICANT* DECLINES IN RATES OF CHILD MARRIAGE
Sub-Saharan Africa	Benin (U), Cameroon (U), Congo (R), Ethiopia, Lesotho, Liberia, Rwanda, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zimbabwe (R)
Arab States	Jordan (R)
East Asia and the Pacific	Indonesia (R), Philippines (R)
South Asia	Bangladesh (U), Nepal
Eastern Europe and Central Asia	Armenia
Latin America and the Caribbean	Bolivia, Guyana (R)

Source: Results from two consecutive household surveys (MICS and DHS) in 48 countries.
* Measured as changes of 10% or more in the prevalence of child marriage between the two surveys.
(U) Changes observed in the urban areas only.
(R) Changes observed in the rural areas only.

Source: UNFPA *Marrying too Young: End Child Marriage*. 2012.



Limited & patchy progress -

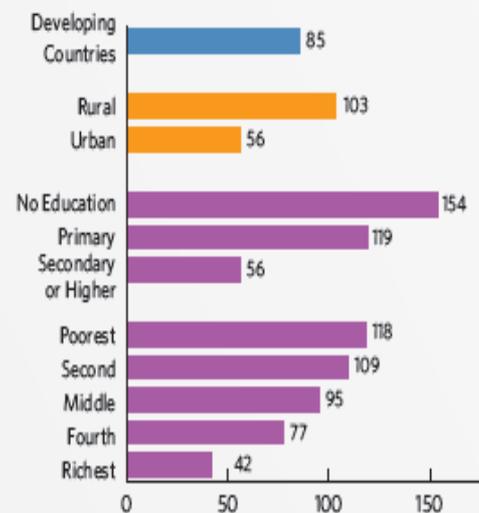


ADOLESCENT BIRTH RATES (DATA FROM 79 COUNTRIES)

By Region



By Background Characteristics



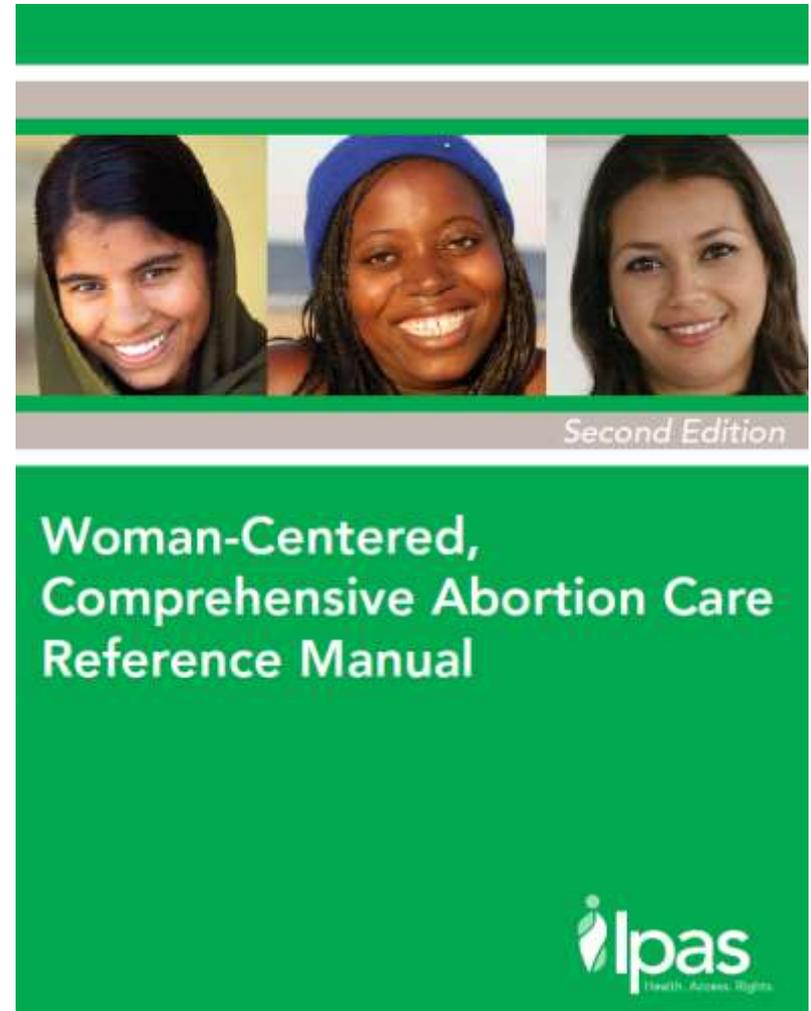
Source: UNFPA, 2013.

Source: UNFPA. Motherhood in childhood. Facing the challenge of adolescent pregnancy. 2013.

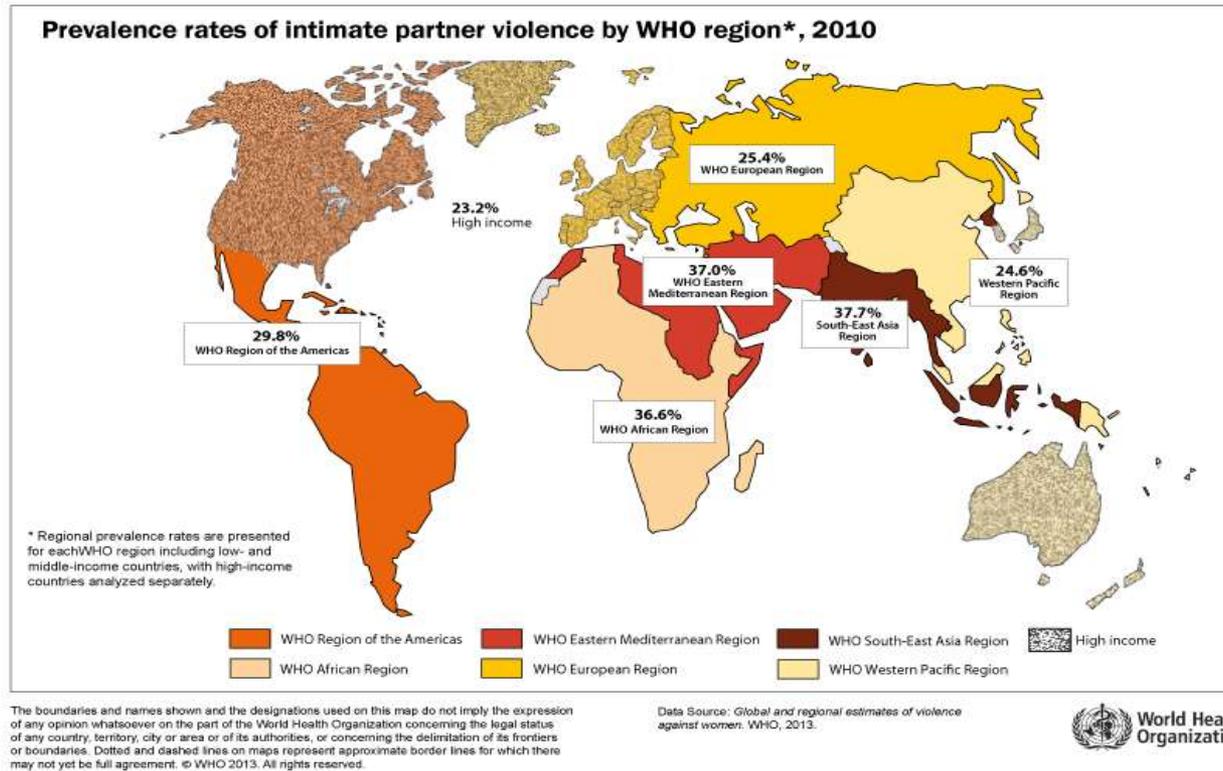
Limited & patchy progress

- ❑ About 15 % of the estimated 22 million unsafe abortions that occur every year do so in 15-19 year olds.
- ❑ Of the estimated 3.2 million unsafe abortions in women aged 15-19 years, 11% are in South Asia.

Source: I Shah, E Ahman. Unsafe abortion differentials in 2008 by age and developing country region: High burden among young women. *Reproductive Health Matters*, 2012; 20 (39): 169-173.



Limited & patchy progress



- Globally, 1 in 3 women will experience physical and/or sexual violence by an intimate partner or sexual violence by someone other than their partner.
- Such violence starts early in the lives of women with estimates showing that nearly 30% of adolescent girls (15–19 years) have experienced intimate partner violence.

Source: World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council: *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. WHO; 2013.

Key statement 7

Adolescent face these health problems:

- Because they are unprepared and unable to protect themselves
- Because they are under pressure to marry and bear children early
- Because they are unable to refuse unwanted sex or to resist coerced sex
- Because they are compelled to undergo female genital cutting

- Individuals make choices to engage in specific behaviours
- Family and community norms, traditions, and economic circumstances influence these choices
- Policy and regulatory frameworks facilitate or hinder choices

