

Module 1: Introduction to adolescence and to adolescent health - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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WHO. Strengthening the health sector response to adolescent health & development. Geneva: WHO; 2009.

The document gives the meaning and problems of adolescence as the second decade of life with major physical, psychological, social changes, interactions and relationships. It is the time of risk but also a time of opportunity to set the stage for healthy and productive adulthood and to reduce the likelihood of problems in the years ahead. It is the period of risk when health problems that have serious immediate consequences can occur or when problem behaviours that could have adverse effects on health in the future are initiated.

What adolescents need and why there is need to invest in them. There are public health, economic and human rights reasons for investing in the health and development of adolescents. **The public health ones are** to prevent about 1.4 million deaths of adolescents that occur globally every year due road traffic injuries, violence, suicide, HIV infections and pregnancy related causes as well as premature and low birth weight infants born of young mothers. Also there is need to improve the health of adolescents who experience health problems such as depression and anaemia, and to promote adaptation of behavior that help to prevent health problems that occur later in life. **The economic benefits** are that adolescents represent one fifth (1/5) of the global population therefore healthy, competent adolescents who enter the work force can raise the economic productivity of the country if the demographic dividend of economics is made use of. The negative effect of not investing in the health and development of adolescents is that it contributes to the vicious cycle of ill health and socio – economic deprivation. For instance, girls from poor communities are more likely than those in more well – to – do communities to get pregnant during adolescence. This in turn leads to loss of formal education and employment opportunities whereby keeping them in poverty.

How the framework works. The WHO “4 – S framework” for strengthening health sector responses to adolescent health and development is useful in two ways: by recommending a comprehensive multisectoral and evidence informed adolescent health approach, and by delineating and supporting the critical contribution of the health sector including leadership roles of the health ministries.

The “4 – S Framework” uses two programmatic entry points to strengthen the health sector responses to adolescent health and development:

- HIV prevention, care and support of those with HIV because many young people are living with HIV.
- Prevention of early pregnancy and pregnancy related mortality, morbidity and other sexual and reproductive health (SRH) problems.

These problems are the focus of many international development goals especially MDGs. Also most countries have national programmes, strategies and budgets in place to address these priorities.

Through these entry points, the 4 – S framework can be used to address other public health issues affecting adolescents for instance nutrition, mental health, substance use as well as intentional and unintentional violence

The problems being addressed by the 4 – S framework

Many national SRH and HIV programmes highlight adolescents as requiring specific attention. In addition, other sectors such as education, employment and civil society organisations for instance faith based groups also actively promote and support adolescent health. However, their needs are often not addressed in a systematic and concerted manner by such programmes. In addition, in the health sector, the health information and services provided by government, NGOs, private sector advisors and others are often ad hoc.

Recommendations. National SRH and HIV programmes should incorporate key elements of the 4 – S framework for strengthening the health sector responses by;

S1 – Gathering and using strategic information to address the issue of lack of accurate and up – to – date information on the health of adolescents, which hinders well – informed policy, and programme formulation.

S 2 – Developing of supportive and evidence based policies to enhance national SRH and HIV strategies which identify adolescents as an important group to address in situational analysis but rarely specify what should be done to address the needs and problems identified. The national SRH and HIV strategies should include enabling and guiding policy statements based on evidence on what programmatic actions need to be carried out and how they should be implemented in order to effectively address the specific needs and problems of adolescents.

S3 –Scaling up the provision and utilization of health services and commodities to bridge the barriers that hinder the use of these services by adolescents. To respond to this, many countries, NGOs, and private sectors need to provide adolescent friendly services and to improve on the coverage and quality. This is because the ones present are small in scale, limited in duration and they are of uncertain quality.

S 4 - Strengthening action and linkage with other government sectors. This is because other sectors and civil society bodies do not make essential contribution to adolescence health as required. In places where they do, they are typically involved in providing health information and activities which are not evidence based, carried out without collaboration with those of the health sector and no effort is made to assess the impact of such activities.

[UNFPA. UNFPA framework for action on adolescents and youth. Opening doors with 4 keys. New York: UNFPA; 2007.](#)

The UNFPA framework highlights that adolescents and young people make up a big portion of the world population (1.5 billion), and that they face a number of challenges that include poverty, lack of formal education, teenage/early pregnancies coupled with infant and maternal mortality, and HIV infection especially among the girls all of which reflect the gap between the Millennium Development Goals (MDGs) targets and the current state of affairs of young people. It calls for immediate action in an effort to meet MDG on poverty, MDG 2 on Education, MDG3 on gender equality, MDG5 on maternal mortality, and MDG 6 on HIV infection. It spells out that addressing the development issues of young people should be holistic to encompass SRH, education, livelihood and citizenship, and should be collaborative at all levels while allowing for flexibility at country level

Governments and partners need to empower both girls and boys with skills, provide access to education, SRH information, facilities and services, connect young people to livelihood and employment opportunities, uphold their rights and engage them in development plans through a multi-sectoral approach in a supportive environment where policy makers and programme implementers invest in young people.

Advocacy efforts are necessary to mobilize the participation of key stakeholders at all levels to create an enabling environment for policy and programmatic interventions. At policy level, putting the youth agenda within the larger development context of poverty reduction, and building alliances with governments, development partners, civil society, youth organisations and media are important while at programme level, social protection interventions through solid multi- sectoral plan are essential.