

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

Maysoon Jabir

Baghdad Teaching Hospital, Baghdad, Iraq

World Bank. World Development Report 2007. Development and the next generation. Washington: World Bank; 2007.

The World Development Report (WDR) states that there are 5 youth life transitions that occur between 12-24 years i.e. through transition towards economic independence. Hence for safe development and deployment they need to continue to learn, start to work, develop a healthy life style, begin a family and exercise social affiliation to the community through citizenship. Unemployment and poor services result from policy failures that lead to hampered human development, irrelevant training at schools and eventually poor supply of skills. Bad unhealthy habits and life styles are carried to adulthood with catastrophic consequences like smoking or AIDS. The policies should expand to reach the unreached people e.g. rural youth, the very young women and disabled people.

There are two arms for investment in youth. First is the direct investment in youth so that they are provided with services that they or their families cannot afford like siblings of deceased parents from HIV/AIDS who cannot have proper education investment. Second is to cultivate an environment that allows youth to invest in them.

The frame of action has 3 components. FIRST: expand opportunities through increasing skills but not at the expense of quality, increase funding resources, giving scholarships to the poor rather than free tuition, open economy to free trade, ease barriers to start work, encourage entrepreneurship and ease geographic mobility for youth. SECOND: increasing capabilities comes through improving basic skills, meeting the demands for higher skills at higher secondary and tertiary levels and providing relevant teaching that help decrease unemployment and build up skills. THIRD: providing second chances for those who lagged behind like those who committed crimes and school dropouts to reengage them back again in the community.

UNFPA. UNFPA framework for action on adolescents and youth. Opening doors with 4 keys. New York: UNFPA; 2007.

UNFPA document was written with Millennium Development Goals (MDGs) 1,2,3,5,6, in mind. It puts adolescent health as part of a generalized flexible framework of action that integrates youth programs with other social and health programs .It provides sexual and reproductive health education and services through four applicable and adaptable keys of action: 1. Integrate the youth agenda policies into the poverty reduction agenda. 2. Provision of sexual and reproductive health education for adolescents through gender sensitive programs that promote equity between boys and girls and integrate that in school curricula. 3. Provision of services within the reproductive health and commodity services through packages of services for young people, targeting out of reach groups like girls. 4. Promote leadership and capacity building for youth to be their own advocates for their rights through networks and coalitions.

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

Having healthy youth and adolescents in the community increases the economic productivity and national development. It will help prevention of certain illnesses and adoption of healthy behavior later in life; but this does not come out of nothing. It is an investment. Non investment in youth will lead to chronic illness and future social deprivation and in case of girls, adolescent pregnancies will lead to drop out of schools, loss of job opportunities and eventually poverty for all.

There are two major priorities in the framework of action: HIV prevention and support for those affected and the prevention of adolescence pregnancy and pregnancy related morbidity and mortality.

The World Health Organization (WHO) document shows the role and the response of the health sector to adolescent health and development. This comes through four strategic steps: gathering and using strategic information, development of evidence based policies, scaling up of evidence based health services and strengthening other sectors. Health sectors and Ministries of health should take the role and leadership to harmonize the contribution of other sectors (education, youth, NGOs, private sector) to provide evidence based health approaches and services and to avoid duplication of costly parallel programs.