

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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Purpose: To make a summary of the following documents:

- WHO. Strengthening the health sector response to adolescent health & development. Geneva: WHO; 2009.
- UNFPA. UNFPA framework for action on adolescents and youth. Opening doors with 4 keys. New York: UNFPA; 2007.
- World Bank. World Development Report 2007. Development and the next generation. Washington: World Bank; 2007.

Adolescence is the period of life defined as the age between 12 and 19 years while young age covers the period until 24 years. It is a delicate transitional period in which the basis of future generations is created with all the socioeconomic consequences. It is a period of psychological and physiological changes and a time where opportunities and risks are there. We had the chance to analyse three documents from 3 different agencies such as WHO, UNFPA and World Bank. The three analyses identify as essential the great importance that has to be given to the generation of people in this period of life and the 3 propose strategies showing many similarities.

In the World Bank document it's clear that investing in young people is important because they are critical to further progress with poverty reduction and growth. There is a suggestion to follow 3 directions to reform the system:

1. Creating opportunities for young people.
2. Enhancing capabilities.
3. Offering to those who "fail" or lose the opportunity to have second choices.

It is very important that civil society takes proper decisions regarding youth people because these are the ones that shape the foundational human capital to be future leaders, productive workers and family heads and citizens. It is important for them to have access to education not only numerically but also in terms of good quality education and to have the chance to timely enter the job market. Nowadays still primary education is really poor in terms of quality and in many Sub-Saharan countries still happens that in the 5th grade students cannot read. Secondary and tertiary education are also necessary but are far more expensive and in developing countries most of the cost relies on families while in developing countries efforts must be made to have policies which facilitate scholarship and public financing. Young people need to have healthy lifestyles and this is also responsibility of the policies the governments take always taking into account that the cost of preventing diseases early is much cheaper than treating later. Another big issue to face is the creation of new families which needs to be supported by targeted reproductive health programs to try to avoid early pregnancies and to avoid malnutrition and poor outcomes of the pregnancies.

Another reason to invest in youth is the impact of HIV infection which in more affected countries like South Africa and Kenya involves young people especially and therefore is going to have an impact on the economy as well; working on the prevention and early diagnosis and treatment is a way to mitigate the impact of this burden.

Civil participation and involvement for youths must also be guaranteed to exercise citizenship and to enhance youth voice in policy and service delivery.

In the World Bank document but also in the UNFPA document it's clear that investing in young people is a way to help reaching the Millennium Development Goals (MDGs) either directly or indirectly and this is another reason to strongly invest in them.

The UNFPA document offers as a way to invest in young people, "the 4 keys" instrument. It is like a pyramid where at the base there are the offer of Sexual and Reproductive health services in the form of contraception, HIV prevention and maternal health services together with gender sensitive, life skilled based SRH education and at the apex of the pyramid there is a supportive policy making applying lens of population structure and poverty dynamics analyses together with young people's leadership and participation. What is underlined by UNFPA is the promotion of intergenerational alliances so that young people's issues may be integrated into policy and programming processes.

The WHO Department of Child and Adolescent Health and Development works on the improvement of adolescent health in two ways recommending the use of 4S frame work to strengthen the health system. The approach is bilateral: on one side it recommends comprehensive, multisectoral and evidence based approaches and on the other stressing the role that health ministry has to have and stressing the adoption of the 4 S strategy.

Therefore it emphasizes as S1 the data collection and its use, S2 developing evidence supportive policies, S3 scaling up the provision of health services and commodities and S4 strengthening other sectors. The Ministry of health must be a proactive actor through a systematic process that aims at strengthening not only the National response at the health level but also in the district and in the health center facility. The implementation of the 4 S needs the active role of a National program, a district program, a community program and the local WHO office so that the program may be tailored to suit the needs of the single countries.

It looks clear to all that investing in adolescents is mandatory and not only because is an economic investment for the future but also because it is a matter of human rights and of public health.

Different partners needs to coordinate and cooperate to the improvement of adolescent health also because it is clearly a way also to reach the realization of the majority of the MDGs.