



Adolescent Health

at a glance

Why address the health and development of young people?

More than a quarter of the world's population is between the ages of 10 and 24. Most (86%) of the world's 1.7 billion young people live in developing countries, where they are often 30% or more of the population.

At first glance, youth appears to be a relatively healthy — although not hazard-free — period of life. Young people account for 15% of the disease and injury burden worldwide and over one million die each year, mainly from preventable causes. Nonetheless, roughly 70% of premature deaths among adults can be linked to behavior initiated during adolescence, such as tobacco use, poor eating habits, and risky sex.

Young people face serious health challenges:

- About half of all HIV infections are in people under 25, with girls disproportionately affected.
- On average, one-third of women in developing countries give birth before age 20; a large proportion of these pregnancies are unplanned.
- Each year, between 2 and 4 million adolescents undergo unsafe abortion.
- Teen mothers are twice as likely as older women to die of pregnancy-related causes, and their own children are at higher risk of illness and death.
- Nutritional deficiencies such as anemia are widespread in both young men and women. They increase the risks that girls and young women face during pregnancy and childbirth.
- Millions of youth die tragically or suffer because of other preventable health hazards such as road accidents, substance abuse, suicide, and infectious diseases such as malaria and tuberculosis.

Adolescent Health and Development affect Economic Prosperity. Investing in health and development of young people is not only the right thing to do, it's the smart thing for countries that want their economies to grow faster:

- Reducing HIV infection in young people will reduce the devastating economic impact of HIV/AIDS.
- When young people postpone marriage and child-bearing, family size falls and population growth slows. Combined with investments in health and education, these changes contribute to higher economic growth and incomes.
- Investments to head off negative behaviors such as tobacco use and drug abuse will pay off later for individuals and for society.

Investments in the health and development of young people build on and compound the benefits of past government expenditures on child survival and education, and enhance future economic and social development. By contrast, risky or unwanted sex and other unhealthy behaviors are tied to individual, family, and community factors that influence youth behavior, and that are closely related to economic and educational prospects. Too many youth who lack opportunities to make a positive contribution to society turn to crime and violence and feed existing civil unrest.

Investing in Youth Helps Break the Cycle of Poverty.

Poverty and inadequate health systems compound adolescent vulnerability to sickness and early death:

- When a young person becomes infected with HIV or resorts to unsafe abortion to terminate an unplanned pregnancy, poverty is often the root cause.
- A poor teenager is more than three times as likely to give birth as a wealthy teen.

The Importance of Adolescent Health and Development to Achieving the Millennium Development Goals.

Most of the Millennium Development Goals are highly relevant to the health and welfare of youth. Better adolescent health will directly contribute to achieving five of the eight internationally agreed-upon goals: reversing the spread of HIV/AIDS; reducing maternal deaths; reducing infant and child deaths; developing and implementing strategies for decent and productive work for youth; and reducing poverty.

Actions to Promote Adolescent Health and Development The key strategies to improve adolescent health and development typically have overlapping and synergistic goals. To emphasize the inter-relatedness of these strategies, the table combines intermediate and final outcome indicators for a range of desired adolescent health outcomes

Objective: Improve Knowledge, Attitudes, and Behaviors of Young People

Core Interventions	Beneficiaries/Target Groups	Indicators
Provide information to young people to increase their knowledge and understanding of health issues and to motivate them to practice healthy behaviors through:		
Life skills and health and sexuality education in schools	In-school youth, ideally starting before puberty and before young people become sexually active	Intermediate Outcome Indicators <ul style="list-style-type: none"> ✓ % of sexually active youth using contraception, especially condoms for prevention of both pregnancy and HIV/AIDS and other STIs ✓ % of young mothers with prenatal care and trained delivery assistance ✓ % of youth having high risk sex ✓ % of youth with anemia ✓ % of youth who use tobacco products ✓ Age of marriage ✓ Age at sexual debut
Peer educators deployed in a wide range of formal and informal settings such as schools and workplaces, to provide role models for other youth, to convey information on health, and to refer peers to health services	Out-of-school youth; youth in hard-to-reach groups such as sex workers, street kids	
TV, radio, and other mass media campaigns, including popular theater and other culturally-appropriate means that appeal to youth	All young people, especially those at highest risk of unhealthy behaviors	
Provide health services to young people through:		
Subsidized social marketing of condoms and other reproductive health products	Sexually active young people	Final Outcome Indicators <ul style="list-style-type: none"> ✓ Rates of maternal death and disability for young mothers ✓ Rates of HIV and other STIs for youth ✓ Rates of teen pregnancy (wanted and unwanted) ✓ Rates of unsafe abortion for youth ✓ % of youth who report being sexually abused or forced to have sex ✓ Rates of youth suicide and depression
Programs that reach young people at their places of work and through private channels such as pharmacies and for-profit medical services, where many youth prefer seeking care	Employed youth; youth who use private, for-profit health services	
Comprehensive adolescent health services through the public sector and NGOs	All young people, but especially poor and rural youth	
Community-based programs, for example those that distribute condoms and other contraceptives	All youth, but especially out-of-school youth; poor youth	
Voluntary counseling and testing for HIV/AIDS	Youth engaging in high-risk behaviors	
Expanding school and livelihoods opportunities for poor youth affected by AIDS, including AIDS orphans	Poor youth living with HIV/AIDS or from AIDS-affected families; AIDS and other orphans	
Objective: Create a Positive Context for Adolescent Health Programs		
Policy Dialogue and Advocacy		
Develop national AH policies and service guidelines	Decision-makers; legislators; community, religious and business leaders; civil society	<ul style="list-style-type: none"> ✓ Level of political support for AH ✓ Existence of a national AH policy ✓ Adequate budget for AH ✓ Existence of program guidelines and regulations that support provision of AH care ✓ Existence and enforcement of positive legal framework (e.g. minimum age at marriage; legality of contraceptive sales to youth; ban on tobacco promotion)
Create a supportive legal framework		
Promote anti-smoking policies such as taxes and advertising bans		
Change Social Norms		
Mass media and community mobilization efforts	Parents; teachers; religious leaders; other influential adults	<ul style="list-style-type: none"> ✓ Degree of family and community support for AH policies and programs
Address Related Youth Needs through Multisectoral Interventions		
Improve education opportunities, especially for girls		<ul style="list-style-type: none"> ✓ Primary and secondary school enrollment for girls and boys ✓ Youth unemployment rate
Link AH with other youth activities, including education and youth development programs that give young people broadly-applicable attitudes and skills	All youth, particularly those at risk	
Provide job training and other livelihoods programs		

¹ Indicators that correspond directly to Millennium Development Goals are in italics.

- Poor health exacerbates poverty, by disrupting and cutting short school opportunities, by weakening or killing young people in the prime of their working lives, or by placing heavy financial and social burdens on families.
- Poor youth are particularly vulnerable to sexual violence and exploitation. Girls in many countries report having sex in exchange for money or gifts.
- Youth from AIDS-affected homes, including 13 million under age 15 orphaned by the disease, often have to forgo schooling and other opportunities, which diminishes their livelihood prospects, pushes them deeper into poverty, and increases their own chances of contracting HIV.

How to Promote Adolescent Health and Development

The range of adolescent health interventions is broad. All approaches are more effective when they provide youth with information and services, and create a positive context that allows young people to practice key health-promoting, inter-related behaviors. These behaviors include:

- delaying sexual debut and practicing abstinence, and, for sexually active youth, safer sex and increased contraceptive use
- postponing marriage and childbearing
- using safe delivery care
- avoiding tobacco use and substance abuse
- better nutrition.

Provide Information and Services to Young People. A number of approaches effectively give young people the information they need to make the right life choices. Where school enrollment is high, it is cost-effective and important to reach students through schools. For many young people, peers are a primary source of information on sexuality and health. Peer education programs are especially appropriate for young people not in school and for hard-to-reach, at-risk subsets of the youth population, including sex workers and street children. The mass media have enormous influence on youth in most societies, and can help to normalize positive adolescent behaviors and gender roles, and to direct young people to appropriate health services.

Access to high-quality health services is as important for youth as it is for older clients. Although some young people seek care through the formal health system, many others are deterred by the often judgmental attitudes of health care providers, particularly when seeking care and advice on sexuality-related matters. The most effective efforts to reach youth are tailored to address their specific needs and reach young people where they live, work, and play. Subsidized sale of condoms and other health products and services through social marketing programs brings products and services to places in the community that young people frequent, such as shops, kiosks, and pharmacies.

Create a Positive Context for Improvements in Adolescent Health. Successful adolescent health efforts also address the political and social context in which young people make decisions that affect their health and development.

Global commitment to meeting adolescent health needs has never been higher. The 1994 International Conference on Population and Development and the 2001 UN Special Session on AIDS affirmed the rights of young people to high-quality sexual and reproductive health information and services. Similarly, the *Framework Convention on Tobacco Control* recognizes the youth dimension of the smoking epidemic. Translating this international commitment into national policies, a supportive legal framework, and adequate budgetary support is a priority.

Improving adolescent health also requires changing the social norms that promote negative health outcomes, for example, gender discrimination, norms that promote early sexual activity or that stigmatize using condoms, cultural expectations to marry and bear children early in adolescence, tolerance of substance abuse, and poor eating habits. Mass media and community mobilization efforts that engage influential adults such as parents, teachers, community and religious leaders, and pop and sports stars can positively affect these norms. Multisectoral programs that meet the job and schooling needs of young people also can positively influence the factors that put young people at risk.

Dos and Don'ts

DON'T underestimate the diversity of the youth age group.

A sexually inexperienced 11 year-old has vastly different needs than a married 20 year-old. Programs should apply different strategies to reach youth who vary in age, sex, employment, schooling, and marital status.

DO involve young people. Policies and programs are more effective when young people are involved in all aspects of design, implementation, and evaluation. Involvement must go beyond tokenism and be real, meaningful, and sustained.

DO make health services appealing to youth. A key to rapidly expanding access for young people is to make existing health services more "youth-friendly" by using specially-trained health workers and by bolstering the privacy, confidentiality, and accessibility of care.

DO address gender inequality. Gender inequalities expose young girls to coerced sex, HIV infection, unwanted pregnancy, and poor nutrition. Efforts should focus on changing the social norms that perpetuate gender inequalities.

DON'T forget about boys. Adolescence presents a unique opportunity to help boys form positive notions of gender relations and to raise awareness of health issues. Program design should take into account the specific needs of boys and young men.

DO design comprehensive programs. Comprehensive programs that provide information and services while addressing the social and political context are more effective than narrowly-focused interventions.

Can we improve adolescent health and development?

Yes. Despite the challenges, when supported by their families, schools and communities, young people can (and do) make the right life choices:

- In Uganda, Tanzania, and Zambia, HIV prevalence among young people has recently declined by half or more, primarily because of changes in behavior such as delayed first sexual experience and increased condom use.
- Adolescent fertility rates have declined in many countries, with large increases in girls' education, rising age at marriage, and increased use of effective contraception.

- With the exception of sub-Saharan Africa, school enrollments are increasing and the gender gap in education is decreasing.
- Cigarette smoking and injecting drug use among adolescents are decreasing in some industrialized countries.

For more information

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Useful websites

WHO Child and Adolescent Health:
<http://www.who.int/child-adolescent-health/>

FRESH Initiative on School Health:
<http://www.schoolsandhealth.org>

Reproductive Health Outlook:
<http://www.rho.org/html/adolescent.htm>

YouthNet: <http://www.fhi.org/en/youth/youthnet/yonetindex.html>

UNFPA: <http://www.unfpa.org/adolescents/index.htm>

Documents and Data

Programming for Adolescent Health and Development: Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health, WHO Technical Report Series 886, World Health Organization, 1999, Geneva. <http://www.who.int/child-adolescent-health/publications/publist.htm>

Advancing Young Adult Reproductive Health: Actions for the Next Decade, Pathfinder International, FOCUS on Young Adults, 2001, Washington DC.
http://www.pathfind.org/site/PageServer?pagename=Publications_FOCUS_Publications

Monitoring and Evaluating Adolescent Reproductive Health Programs, Adamchak, Susan et al. 2000, Washington: FOCUS on Young Adults. <http://www.pathfind.org/guides-tools.htm>

Population Reference Bureau: *The World's Youth 2000*
http://www.prb.org/Content/NavigationMenu/Other_reports/2000-2002/The_Worlds_Youth_2000_Data_Sheet.htm

Expanded versions of the "at a glance" series, with e-linkages to resources and more information, are available on the World Bank Health-Nutrition-Population web site: www.worldbank.org/hnp