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ADOLESCENT HEALTH AND DEVELOPMENT

THE KEY TO THE FUTURE

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I INTRODUCTION

Adolescence, the second decade of life, is a crucial and dynamic time in the lives of all young people. It is a time when young people develop their capacity for empathy with others, for abstract thinking, and for looking ahead; a time when the close and dependent relationships with parents and older family members of childhood begin to give way to more intense relationships with peers and adults outside the family; and it is a time when physically, adolescents begin to reach their adult size, their bodies become more sexually defined, and reproductive capability is established. This happens in a context in which new challenges are faced, new opportunities arise and new responsibilities are assumed. Needless to say, the growing capabilities of young people are simply the raw materials of human development. For their human potential to be fully realized, young people must be able to use their capacities in healthy and constructive ways which depends very much on the mix of support and opportunity provided by adults in their environments. What happens in adolescence is also dependent on the past and the future. The degree to which they have been loved, valued and educated as children, and the way they see their futures, are also important determinants of success in their adolescence.

A central feature of all human beings, is their biologically determined sex, and the gender role that society ascribes to their sex. These differences become more manifest in adolescence and are the key to the ways in which they are treated by others. Unfortunately, for many young people throughout the world, girls and boys are not treated with equity. A kind of discrimination, to the disadvantage of females, has often prevailed, beginning before birth and running through the whole of life. This inequity as with any form of discrimination, often translates into low self-esteem, is a debilitating factor which stunts human development and is costly to both men and women throughout their lives. Human beings are social animals. Full human psychological development in particular, is manifest in positive and fulfilling relationships between people. Injustice is the enemy of development.

The health of adolescents is intimately linked to their development. Increasingly, changing global conditions are placing greater strains on young people, modifying their behaviours and relationships which are increasingly exacerbating some health problems. These health problems often fall most heavily on the young woman. Whether it relates to unprotected sexual behaviour in particular, substance abuse, nutrition or violence, it is she who most often bears the consequences of problematic behaviour. The greater vulnerability of

the adolescent girl to action by others is a prime root cause of many of these health and human development problems, detrimental not only to themselves, but their future families and to society as a whole. At the same time, giving young people the ingredients to fully develop is a solution which will pay for itself, not only with respect to their health, but the welfare of generations to come.

In this paper, some of these key issues are explored in the belief that a greater understanding of the needs of young people as well as recognition that adolescents are people, not problems, with an exceptional capacity to respond well when those needs are met, will reduce inequity and promote the healthy development of all peoples.

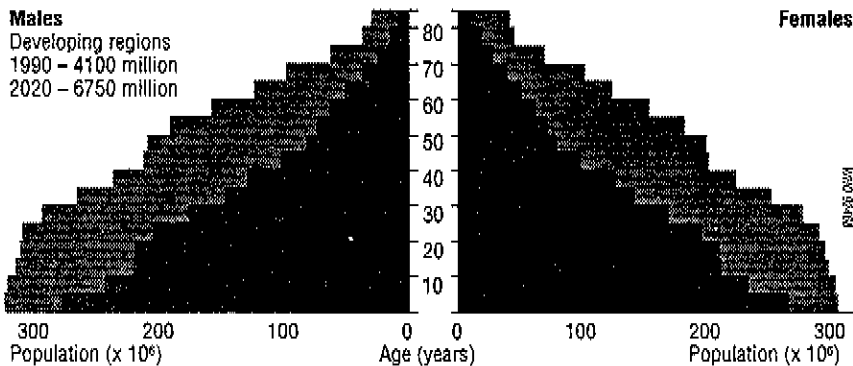
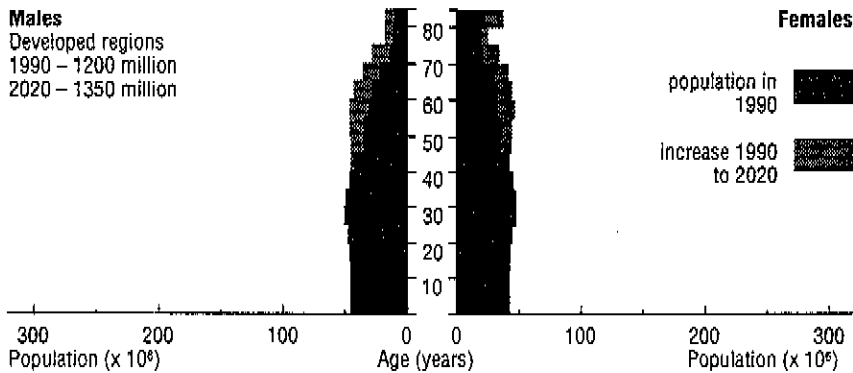
2 ADOLESCENTS IN TODAY'S WORLD

More than 50% of the world is below the age of 25, of whom more than 80% live in developing countries.¹ The less economically developed the country, the younger the population. For example, in Kenya, 70% of the population is under 25 as compared with 34% in the United Kingdom.² About one fifth of the people of the world, more than one billion, are adolescent. The world is rapidly urbanizing. In 1950, 17% of people in developing countries lived in rural areas. By the year 2000 the figure is expected to be over 45%, an increase of more than 250%, and still accelerating.³ Much of the population movement is from the rural areas into the peri-urban slums of rapidly growing megalopolises which do not have the health, education or social services infrastructure to replace that which was provided in other forms in the rural traditional setting. Migration to other countries is also affecting the status of families and young people. In general, the shift is from less to more developed countries, and often it is the young who migrate alone, into environments which are not only strange to them, but often somewhat hostile, and which implicitly or explicitly denigrate the cultures and the value systems from which they have come. Whatever the physical environment, telecommunications of many kinds have expanded across the globe, carrying ideas and information with unprecedented speed and quantity, which can have a profound impact on young people. On the one hand, these mass media channels of communication offer great opportunities, on the other, much of what is currently conveyed may put young people at odds with the value systems of their own families and cultures. Along with these changes, the family unit is in transition. The trend has been from multi-generational extended families, to nuclear families, to single parent families most often headed by young women, to the "non-families" of street children who are now estimated to number about 40 million in Latin America, 25-30 million in Asia and 10 million in Africa.⁴ At the same time, probably due to better nutrition, puberty is

is beginning earlier, and for other reasons, marriage is occurring at increasingly later ages. These changing conditions often place greater stress upon girls rather than boys, since in traditional rural societies, the expected behaviour patterns are more restricted for girls. Furthermore the autonomy and exposure to outside influences thrust upon young people in an urban setting is considerably greater.

How can the adolescent girl be better supported in the transition from rural to urban settings?

World Population Distribution



United Nations estimates and projections as assessed in 1990

The health of adolescents is closely linked to their development, and that in turn is dependent on an environment that will provide education, training, and employment. In all three categories, society is not meeting the needs of young people, and especially those of the adolescent girl, at great cost and future risk. If we look at secondary school enrolment, e.g. in less developed countries with relatively low health status, using a key health indicator - under 5 mortality rate (U5MR), - those with the highest rates, show that only 19% of males and 9% of females are enrolled in secondary school. In descending order of U5MR in other countries for males and females respectively, the figures are: 35% and 35%, 57% and 58% and 86% and 87%.⁵ Thus, in 69 of the world's poorest countries, between 15 and 35% of young people were attending secondary school, with less than one in ten adolescent girls enrolled in the countries with the highest U5MR. This gender discrepancy so starkly manifest in education, runs in fact, through virtually every aspect of health, young girls being disproportionately affected. Girls are often kept at home to help with household chores, look after younger siblings, and their schooling is given less priority than that of boys. They are often married young and unable to continue with formal education. Yet as economic conditions call for increasingly sophisticated skills, there is a vital need for girls, as well as boys, to receive the necessary education and training for the skills required. Education carries many benefits, including positive self-esteem, a sense of self-efficacy, a widening of horizons and a greater capacity to contribute to family and society. However, for just these reasons, education is sometimes feared as potentially weakening value systems within a culture which places women in a subservient role. Resistance to the education of girls often comes from older women as well as from men, yet there are more and more role models of educated women within such societies who may have a positive influence on change.

How can resistance to the education of adolescent girls be overcome?

Employment is crucial for young people to demonstrate and develop their potential as full participants in society, help them to meet their needs for self-reliance and build self-esteem. The labour force in developing countries will grow from about 1760 million at present to 3100 million in 2025 when some 38 million new jobs will be needed each year. With a worldwide global recession, unemployment has risen in most countries, and disproportionately affected young people. Typically, some 70% of the unemployed are young people seeking their

first job.⁶ At the same time, as the nature of skills required become more sophisticated, higher levels of education and training are required to compete for jobs. Those who do find jobs often have less security and are lower paid than experienced adults. Young women will be paid less than young men for equal work in much of the world. Many young people are self-employed which has some advantages, but it may also put them at risk in hazardous environments. Young women frequently work at home, often in environmental conditions which cause illness and place them at risk of injury. At the same time they do not have the benefit of health or social services which are part of some kinds of formal employment.

In many countries of the world, one of the most dangerous results of economic hardship is the need for young people to find income no matter how or at what cost to themselves. One of the few economic assets an adolescent girl, or boy, has, is the possibility of using their bodies for economic gain. This can take many forms ranging from traditional "prostitution" to the seeking of male support as "sugar daddies" or the need to find men to support the first child, after abandonment by the father, which often leads to another sexual partner, an additional child, abandonment by the father again; a continuing repetitive process. Adolescents of both sexes are at great risk especially in tourist areas where young people are sought as sex partners on the assumption that they are less likely to be HIV positive. They are, however, also at risk in conventional employment since they have less experience, and are likely to be the most recently hired and therefore also the most vulnerable to dismissal. Employment is typically dominated by males, and where attitudes to women are exploitative, the adolescent girl will be especially vulnerable.

A lack of adequate education and training, for girls in particular, but for young people of both sexes in most countries, generally, badly damages their capacity to develop in constructive ways and exposes them to great risks of illness and injury. On the other hand, training and appropriate employment enhances the potential for advancement, ultimately promoting equity between the genders in the management of establishments which provide employment.

Adolescence is a crossroads in development for life. Failing to meet the needs of young people is a formula for frustration, engendering self-destructive behaviours - including drug dependence and suicide - and harmful to others, as manifest in increasing crime and violence. On the other hand, positive development generated by equipping young people with the skills, knowledge, support and opportunity they need, in an equitable manner for both sexes, provides the best framework for a constructive life and positive contribution to society.

How can fruitful training and employment for young people of both sexes be established in ways which protect and promote their health and development without penalising them for being young, or female?

3 HEALTH NEEDS AND HEALTH PROBLEMS OF ADOLESCENTS

Because young people traditionally are healthier and less vulnerable to disease than the very young or very old, their health needs are given low priority. Yet in recent years it has become increasingly apparent that adolescence, in which key patterns of adult behaviour and relationships are established, is a major factor in public health and societal development. If the health needs of young people are not met, grave problems will arise, although they are not always apparent in the short term. At the same time, helping young people to develop healthy relationships and behaviours, and providing appropriate information and care, are key investments in the future, since, just as problem behaviours are interrelated,⁷ so too are positive actions. Below are some of the key issues affecting the health of young people, which often carry special risks for the adolescent girl.

3.1 Nutrition

Nutritional status is determined by a balance between the intake of food and vitamins and expenditure generated by physical work, pregnancy and/or infection.⁸

The nutritional status of adolescents is usually measured in terms of weight for height expressed as Body Mass Index (BMI), a better indicator of health status in adolescence than weight-for-age because of wide variation in rates of development. Although no international reference data exist, the data that is available indicate that the average BMI among 11-18 year olds is considerably lower in the developing world than in industrialized countries.⁹

The rapid growth which takes place in adolescence places extra nutritional requirements upon young people, but especially the girl, who needs 10% more iron as a result of menstrual blood loss. Although growth begins to

slow for girls at menarche, linear growth, especially of the long bones, is not complete until the age of 18 and peak bone mass is not achieved until the age of 25. Thus growth related needs continue into the early twenties and will overlap with nutrient requirements generated by pregnancy.¹⁰

Iron needs in adolescent girls may be further complicated by the reduction in capacity to absorb iron resulting from diseases such as malaria, schistosomiasis and hookworm.¹¹ Anaemia causes fatigue, poor appetite, reduced learning capacity, and gastrointestinal and neurological problems, and can be a factor in mental retardation of offspring.

Discriminatory practices against the girl child, lead to lack of adequate intake which may lead to protein energy malnutrition, anaemia and other micronutrient deficiencies in the young girl. Nutritional deprivation in her childhood, common when the girl child is the last to be fed, may furthermore delay menarche and delay skeletal growth, increasing risks at childbirth.

Girls will also typically have heavy workloads in the home in developing countries, and in economically poorer families. In addition to poverty, other social factors such as taboos which exist for girls especially in adolescence and during pregnancy, can play an important role in adolescent malnutrition.

Pregnancy increases the need for energy and protein. Increased vitamins and minerals, in particular iron and calcium, are essential for both the fetus and young mother. If women begin pregnancy with marginal nutritional reserves, and if they are unable to reduce their levels of activity their nutritional requirements will not be met.⁹ Under-nutrition will increase the risks of stillbirth, preterm delivery, low birth weight and neonatal death. Her nutritional status prior to pregnancy is also important. Inadequate iron store before conception are a main cause of iron-deficiency anaemia during pregnancy. In the United States, 25% of pregnant adolescent girls have been found to be anaemic.¹²

Two growing problems in economically developed countries especially, with devastating effects on the nutritional status of adolescent females, are anorexia nervosa and bulimia. These eating disorders are essentially psychiatric disorders which damage the nutritional state and may threaten the life of young women. They result from distorted self-perceptions about being too fat, and an overwhelming need to feel acceptable, conditions which occur predominantly in western societies that promote thinness as an ideal for women. At the same time, obesity, resulting from an inappropriate diet, is also an increasing problem in societies where eating habits are changing, often through the introduction and advertising of "fast foods", and physical exertion is decreasing. This kind of

eating will also have a detrimental affect on teeth and gums resulting in short and long term oral health problems. Obesity is a risk factor for a range of conditions including cardiovascular diseases, diabetes mellitus, some cancers, and many other conditions.⁹

The consequences of inadequate nutrition among adolescents - which is likely to have as its root cause fetal and childhood malnutrition - will cause difficulties throughout the reproductive years and beyond. It is estimated that 450 million adult women in developing countries are stunted as a result of earlier protein-energy malnutrition, that 50% of pregnant women in the developing world are anaemic and about 250 million women are suffering from iodine deficiency, and a likelihood that many millions of women are blind as a result of vitamin A deficiency.¹⁰ Many of the problems of women in the post-reproductive years are chronic, as a result of lifetime malnutrition.

Good nutrition is an essential basis for human development. Many factors contribute to inadequate nutrition among adolescents. These include a lack of knowledge about adolescent nutritional needs among those who influence the provision and choice of food, discrimination against women throughout their life span, and too early pregnancy brought about by multiple factors. Action, however, can be effective in bringing about change.

What action is needed to achieve good nutrition in the adolescent girl?

3.2 Sexuality and Reproductive Health

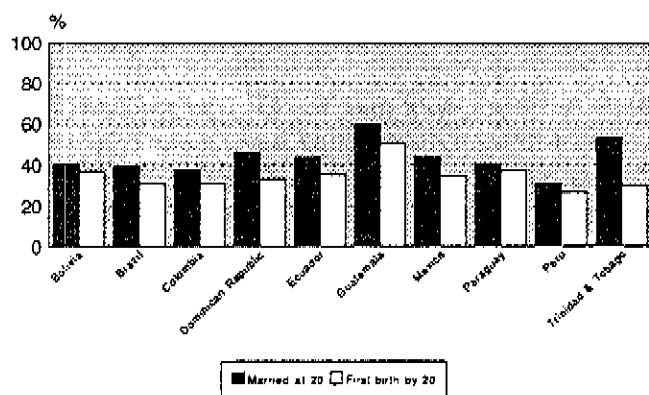
All young people experience puberty and go through physical and psychosocial changes in relation to their burgeoning sexuality. While increasing maturity can bring great pleasure and pride - indeed virtually all cultures celebrate this coming of age - it can also bring shame, sorrow and suffering. The passage through puberty for a girl signifies the beginning of womanhood, and whatever positive or negative attributes accompany that role in any society. It also often, ironically, signals the end of education about issues to do with sexuality which have become "sensitive", and far too often, also coincides with an end to schooling for many girls. In early adolescence young people are usually closest to members of their own sex, then, for most, they become more interested in the opposite sex, and eventually form couples and begin family life.

The degree to which sexual relations take place, whether within or before marriage, depends on many factors, but, typically the male plays a more aggressive and controlling role. In most communities the girl is expected to resist sexual advances, and if she does not, blame is more likely to be placed on her, whatever the justice of it. While the moral message for girls to avoid sexual encounters before marriage is all-pervasive, the taboo nature of the subject on the one hand, and the many contemporary pressures which push young people toward sexual relations before maturity, on the other, means that adolescents often lack adequate knowledge and skills to delay sexual relations until they are ready. Both sexes need appropriate skills and knowledge since it is only when mutual understanding between both adolescents exist, that responsible relations are most likely to take place.

A study involving more than 12 000 young people from 11 African countries was undertaken using a technique called the Narrative Research Method. This technique involved the use of role play, by adolescents themselves, to act out the story of two young people who become sexually involved ultimately leading to a pregnancy. The story, converted into a questionnaire, was field-tested by them for typicality on national samples of adolescents and youth.¹³ The study shows the following behaviour pattern: a boy of 15 approaches a girl of 13 who is too shy to tell him whether she will see him again. She comes home late and when her mother asks her why, she makes up an excuse, although it was a perfectly innocent encounter. As the story proceeds she is gradually drawn toward the boy and eventually they have sexual intercourse despite the fact that she does not really want to and he is perhaps most interested in impressing his friends. They do nothing to prevent a pregnancy or STD. She becomes terrified that she is pregnant, but when she approaches him for help, he tries to deny responsibility. Her best friend urges her to try to perform an abortion herself, but it fails and her mother finds out. Her mother then breaks the news to her father, and her family eventually confronts the boy's family with a number of different likely endings in different cultures, but none of them happy from either adolescent, but especially the girl. They include being sent away from home and school, forced marriage, and secret adoption. In this typical story, the adolescents are unable or unwilling to turn for help to adults until it is too late; and nothing has been done to protect them in advance. It is a story all too common in its main features of the situation of young adolescents in many societies.

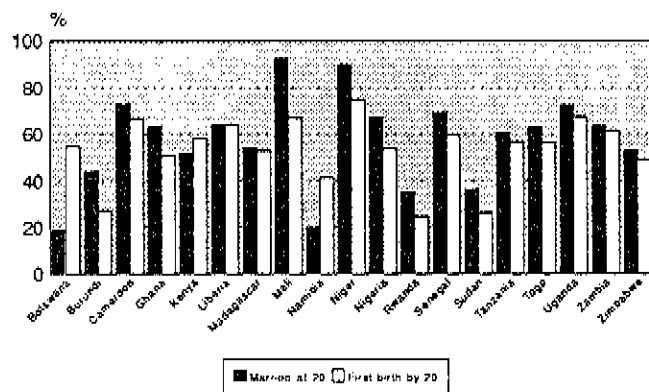
How can adolescents of both sexes be given the understanding and skills needed for relationships which protect them from premature sex, unwanted pregnancy and STDs?

Age at marriage/first birth Latin America/Caribbean



FHE/ADHKE Y07

Age at marriage/first birth Sub-Saharan Africa



FHE/ADHKE Y04

3.3 Pregnancy and Childbirth

Regardless of whether pregnancy takes place in, or outside of, marriage, there are serious biomedical hazards especially for adolescents below 17 living in poor conditions and where access to health services is inadequate. The first birth to any woman carries greater risk than subsequent ones, but especially for the adolescent. Her risk may be compounded by her lack of experience, knowledge and resources, and social and familial support, compared to an adult woman. Too early pregnancy increases the risk of maternal and child morbidity and mortality, as well as the likelihood of having too many children too close together. The risks in early adolescence are especially high. At menarche girls have approximately 4% more to grow in height and 12-18% more pelvic growth, to come. They are at greater risk of complications such as obstructed labour and of death.

In Bangladesh for example, in comparison with women aged 20-24, maternal mortality was five times as high for those aged 10-14 and twice as high for those 15-19.¹⁴ Other data support this. In Cuba, for example, although the number of deaths were low, the mortality ratio for the 10-14 year olds compared to the 15-19 year olds was nearly double, and in Puerto Rico almost six times as high.¹⁵

These risks apply to a married or unmarried girl, but in addition, the trend toward more unprotected sexual behaviour prior to marriage has given rise to increased risks of induced abortion often in hazardous circumstances, sexually transmitted diseases (STD) and the new menace of HIV infection leading to AIDS. Problems of chronic morbidity and infertility and even death face the young person who is not protected. The problems of early childbearing are not only biomedical, they also reduce educational and economic opportunity, especially for the young mother, leading often to inadequate parenting because of the immaturity of the young mother and father. As a consequence, this may damage the child and increase the likelihood of an adolescent pregnancy occurring in the next generation. This both perpetuates poverty and contributes to uncontrolled population growth.

A large proportion of first marriage and first birth occur to adolescent women in developing countries. For example, in 15 of 19 countries studied in

the Healthy Surveys in Sub-Saharan Africa, more than half were married in adolescence, and in 14 of those, first birth took place in adolescence. Despite the fact that figures were lower in the Latin American and Caribbean countries studied, adolescent marriage occurred over a range of 31% to 60% of the population.¹⁶

However, access to information and services to prevent unwanted and too-early pregnancy is the exception rather than the rule. It is often mistakenly believed that information and the provision of contraception with counselling will lead to promiscuity, whereas the evidence suggests the opposite. Furthermore, the effective prevention of pregnancy is the best way to reduce resort to abortion, a common goal in all societies.

The prevention of unwanted and too early pregnancy is a vital necessity throughout the world but young people are typically deprived of information and access to services - how can that best be remedied?

3.4 Abortion

Because adolescents are more likely to hide a pregnancy, are unwilling or unable to seek appropriate health care, wait longer in the gestation period to get help and are more desperate not to have the baby, induced abortion, or pregnancy termination, generally presents a greater risk to the health and life of the adolescent than to an adult woman. This may lead her to try to self abort or go to unqualified people in clandestine and dangerous circumstances even when she might have had legal access. Information from many sources, including the Narrative Research studies cited above, suggest that self-abortion or seeking abortion from an unqualified practitioner, is a likely choice for a pregnant, unmarried adolescent.¹⁷

In most of the developing world abortion legislation is highly restrictive, but even in countries with relatively liberal laws impediments to service such as screening procedures; the need for parental consent; lack of confidentiality; and requirements as to where the abortion may take place; who may perform it, how many doctors must approve of the procedure, and its cost, will deter adolescents

from safe abortion.¹⁷ Because of a lack of knowledge, access and ability to use contraception, adolescents are more prone to unwanted pregnancy than adult women. This is illustrated by data on legal abortions ratios per 100 known pregnancies (i.e. those which resulted in live births 6 months later) generally showing that the older an adolescent is, the less use will be made of abortion to terminate a pregnancy. The data show a decline from age 14 to 14-17 to 18-19 year olds. For example, in Canada, the respective ratios for these three age groups was 46.5, 38.2, 27.5; and in Norway, 85.7, 53.7 and 30.3.¹⁷

Regardless of legal status, women who want abortions will seek to have them. One can only guess at the numbers of abortions among adolescents where access to legal abortion is difficult or prohibited, let alone the morbidity and mortality rates resulting from it, which are often unmeasured and unreported. Abortion mortality is estimated to be about 70,000 women globally per year.¹⁴ As IPPF¹⁸ puts it: "The adolescent may seek help from friends, traditional healers, chemists or shopkeepers and use chemicals, detergents and unsterile sharp objects. Complications include haemorrhage, septicæmia, internal damage, tetanus, sterility and death." Maternal mortality may be exceptionally high for adolescents for reasons cited above, and be a major cause of death of adolescent girls. For example, a study in Nigeria cited by IPPF¹⁸ found that abortion complications accounted for 72 per cent of all deaths to young women under 19.

A deeply hidden problem, but one for which there is considerable "soft" information from reliable sources, is the problem of infanticide. Many adolescents, unable to procure abortions, will hide the pregnancy and often the childbirth itself, but in desperation and fear of the consequences, will abandon or sometimes kill the baby, a practice known as "baby-dumping", e.g. in some parts of Africa. The psychological impact of this on the girl, whether she is apprehended or not, is likely to be highly damaging.

What can be done to protect the adolescent girl from unwanted pregnancies and the many harmful consequences likely to result?

3.5 STD and HIV Infection resulting in AIDS

The adolescent girl who has sexual relations is not only at risk of unintended pregnancy, but both she and her partner are at risk of numerous sexually transmitted infections, including HIV resulting in AIDS. The awareness of STDs as a major threat to public health has increased dramatically since the early 1980s as a result of changes in epidemiology, increasing knowledge of the serious medical sequelae and the advent of the HIV/AIDS pandemic. Despite the growing importance of this issue, only limited resources are devoted to prevention and control. Adolescents are especially vulnerable because of high risk behaviour, greater biological susceptibility to certain STDs and their sequelae, limited access to STD treatment facilities, and the fact that primary prevention is the only effective form of control for HIV and other STDs.¹⁹ More than twenty different infections which are transmitted sexually have been identified.²⁰ Although the classical STDs caused by bacteria, such as syphilis, gonorrhoea and chancroid, are now better controlled in developed countries, the situation has worsened in developing countries, where gonorrhoea and chancroid have become resistant to inexpensive antibiotics.²⁰

Among sexually active young people STDs are most frequent in those who are youngest²¹ and appear to be increasing throughout the world, although diagnosis and reporting is poor. Data in the U.S.A. indicate that 15-19 year old adolescent females now have the highest reported rate of gonorrhoea.²² Highest rates for notifiable STD are generally observed in the 20-24 year age group, followed by the 15-19 and 25-29 year olds. However, in nearly all parts of the world, the peak age of infection is lower in girls than boys. In many countries, 60% of all new HIV infections are among 15-24 year-olds, with a female to male ratio of 2 to 1. An analysis of reported AIDS data from several African and Asian countries suggest that young women under 25 account for nearly 30% of female AIDS cases and young men for approximately 15% of male cases.²³ AIDS is spreading rapidly throughout the world and moving into the younger population. About half of all HIV infections have occurred in those under 25.²⁴ The largest number of infections is in sub-Saharan Africa, but the biggest increase recently has been in Latin America and South and South-East Asia.

Research has revealed previously unsuspected complications of STDs. The prevalence of many of these complications is increasing rapidly. They include infertility, pelvic inflammatory diseases, ectopic pregnancy, sepsis, with some mortality, several types of cancer as well as premature birth and perinatal and congenital problems.²⁰ HIV infection resulting in AIDS will ultimately be fatal. Young adolescent females are especially vulnerable because they tend to marry, or have intercourse with older men who have had more sexual exposure.

As the receptive partner, females run a greater biomedical risk to begin with. This risk is magnified in teen-age girls because their immature cervix and limited vaginal secretions provide less of a barrier. To compound matters, young girls are sometimes physically forced to have first intercourse, leading to genital trauma resulting in cuts which increase the risk of infection.²⁴ In addition, STDs in females are more likely to have hidden symptoms or be asymptomatic, and the morbidity in women is generally more severe than in heterosexual men.²⁰ The most serious morbidity is observed during fetal development and in the neonate. Thus both young mother and child are highly vulnerable to the hazards of STDs.

Among the groups most vulnerable to STDs are young adolescents of both sexes who are engaged as sex workers. Many are literally forced into this, others choose to do it in situations of extreme economic hardship or in the absence of family. Both are likely to be patronized by men who in most developing societies have more sexual partners than women and are thus more likely to become infected and to infect their young "clients".

The advent of AIDS through HIV infection has brought immense new risks and challenges to society. The combined facts that AIDS is incurable, lethal and associated with sexual behaviour, and that there is an indeterminate time between HIV infection and death from AIDS, has made it an especially sensitive subject. Young people are the last to be adequately informed or provided with services to protect them from harm.

3.6 Female Genital Mutilation

Female genital mutilation (FGM) covers a spectrum of traditional surgical procedures performed on female genitals in several countries in the world. FGM causes grave damage to girls and women, and its physical and psychological consequences will affect their normal sexual function and their reproductive health in a way that lasts all their lives, since none of the procedures is reversible. In all types of FGM part or the whole of the clitoris is removed. More severe forms, such as excision and infibulation, remove larger parts of the vagina and close off the vagina, leaving areas of tough scar tissue, permanent damage and dysfunction.

Female genital mutilation can lead to infertility, morbidity and greater risk of death. Immediate risks include haemorrhage, tetanus, infection and vesiculo-vaginal fistula, as well as the risk of HIV infection from the instruments used to perform the procedure. Long term effects include problems of reproductive and general health such as urinary tract infections and coital

difficulty, cysts and abscesses, keloid and severe scar formation and difficulty when voiding during menstruation. During childbirth the risk of maternal death is significantly increased and the risk of stillbirth increased several-fold. FGM can have major psychological consequences which damage the capacity of the young woman for a fulfilling life and satisfactory relationships.

It is estimated that 85 to 115 million girls, adolescents and women have been subject to female genital mutilation (FGM). Each year, it is estimated that about 2 million or more girls undergo the practice. Most of them live in 26 African countries, a few in Asian countries, and increasingly in Europe, Canada, Australia and the United States of America.²⁵

The practice of FGM has roots in the traditions of a number of societies and many women in those countries feel it is necessary to make them acceptable to their communities, and are often not aware that it is not generally practised in most of the world. While the subject, which deals with relations between the sexes among other things, is a sensitive one, WHO with other agencies of the UN has assured governments of its readiness to support national efforts towards the eradication of FGM. In 1993, the 46th World Health Assembly adopted a resolution on Maternal and Child Health and Family Planning for Health which calls for the elimination of harmful traditional practices including female genital mutilation.²⁶

3.7 Early Marriage

Marriage in adolescence remains most common in traditional societies although the mean age of marriage has generally been rising. The legal minimum age of marriage is usually lower for females than males. In many countries minimum legal age with parental consent is considerably lower than without it. While only 12% of developing countries and 11% of developed ones allow female marriage without parental consent below the age of 18, more than 50 countries allow marriage at 16 or below, with parental consent.²⁷ Other data suggest that the minimum legal age of marriage is lower, with seven countries permitting it at age 12, six at age 14, and nine at age 15.²⁸ However, there is wide variation in the enforcement of such laws and cultural traditions usually take precedence. Since most laws were designed to protect children and adolescents from too early marriage, it is likely that the actual minimum age of marriage will be lower than the legal one.

In the industrially developed countries only a small proportion of marriages take place in adolescence.²⁹ However, cohabiting is becoming increasingly common especially for adolescents 18 or older with marriage

sometimes occurring after a pregnancy. In developing countries while a much higher proportion of adolescents marry, especially in sub-saharan Africa, southern Asia and western Asia; this is less true now for east Asia, the Caribbean region, and many countries in Latin America.¹⁵ An increasing proportion of such marriages are entered into as a result of pregnancy indicating pre-marital sexual activity. Patterns of consensual union are highly varied and often complex especially in the Caribbean, parts of Latin America and Africa. They include "visiting" unions and overlap with monogamous and polygamous marriages. For many other young women, consensual unions are entered into, but the need for it may be primarily economic and lead to sequential partners each to help support a child. The sequence is often a result of the male partner not bearing the responsibility of the child. Thus early childbearing becomes a trap from which they, and their children, cannot escape.

In earlier times in traditional societies marriages were arranged during childhood, but marriage took place at the onset of puberty. Menarche occurred in later adolescence so that child bearing was not an immediate risk. With a lowering of the age of menarche, early marriage now means too-early pregnancy. At the same time, changing socioeconomic conditions, urbanisation, the shrinking of the global community through rapid telecommunications and increased travel, have increased the need for, as well as the aspiration to, more education and economic opportunity, and a greater degree of freedom in the choice of a lifelong partner. While many parents share rising aspirations for their children, it is often coupled with concern that education and work outside the home will erode important values. Yet there is evidence to suggest that the deeper values of young people are not basically different from those of their parents - although their tastes in clothes and music, may be. Marrying young drastically reduces the adolescent girl's opportunity for education and economic opportunity, as well as risking her health. Mutual trust between the generations is greatly needed and will help to accommodate new needs while preserving the best of the old.

How can the deeper values of cultures be preserved yet permit greater autonomy in the development of adolescents?

3.8 Tobacco, Alcohol and Other Drugs

The use of tobacco, alcohol and other drugs, harmful or potentially harmful substances, poses a special threat to young people both because of short and long term effects. Aggressive advertising targeting the young to promote tobacco use has shifted somewhat from developed to developing countries, where the use of tobacco by adolescents of both sexes is increasing. The use of risky substances, including tobacco, and alcohol and other drugs together have a significant effect on health in later life, raising the risks of cancers, cardiovascular diseases, respiratory illness, cirrhosis of the liver, ulcers, etc. Alcohol and drugs however also impair judgement, and are thereby likely to increase the risk-taking behaviour of young people, the hazards of unprotected sexual relations, of accidental injury and of violence.

Tobacco is the most commonly used and widely distributed drug in the world today. Despite its lethal nature, its use is generally legal and, while there are often constraints on its use by the young, these are often ineffective. The nicotine in tobacco is one of the most addictive substances known to humankind. It is estimated that tobacco consumption causes between 2 and 2.5 million premature deaths worldwide, every year. About 90% of cases of lung cancer, 30% of all cancers, 75% of cases of chronic bronchitis and emphysema and 25% of the cardiopathies are attributed to tobacco use.³⁰ The vast majority of new smokers start during adolescence; the earlier it begins the greater the loss of life expectancy. Although the chronic ill-health and mortality associated with tobacco only emerges after several decades, young people who smoke are usually less fit. Smoking lowers the immune response and smokers are more likely than non-smokers to develop complications of upper respiratory tract infections.⁹ Tobacco use is increasing in developing countries and showing a sharper increase among females than males.⁹ Smoking in young women is a special hazard. Those who use oral contraceptives are more likely to suffer from cardiovascular problems later in life. Smoking adversely affects the fetus in pregnant women, and increases risks of premature birth and low birth weight. In developing countries where under-nutrition in adolescence is likely, the risks are greater.⁹ The costs of tobacco or other harmful substances will also reduce money available for adequate nutrition.

Smokers are also more likely to be regular users of alcohol and experiment with other drugs. In the USA, for example, figures showed that 87% of daily smokers had tried cannabis compared with only 20% of non-smokers.³¹ In the last few decades, more and more young people have started to use alcohol. Its use has increased in quantity and frequency.³² Distinctions that once separated cultures, sexes and social classes are vanishing as young people in

developed and developing countries are increasingly using alcohol,³³ although males generally use alcohol more than females. Excessive alcohol consumption creates numerous health problems and shortens the life span. The risks of cancer, ulcers, heart disease, muscle wastage, malnutrition and cirrhosis of the liver are increased. Undernourished people may be more susceptible to alcohol-related problems than those with an adequate diet. Women are physiologically more vulnerable to the effects of alcohol than men, which implies that the consumption of the same amount of alcohol is likely to have more serious health consequences for women. Excessive consumption during pregnancy will expose the fetus to greater risk of brain damage, growth deficiency, and mental retardation. Because there is also greater stigma attached to drinking by women, they are more likely to hide it and less likely to get help. Alcohol also breaks down inhibitions, relaxes social restraints, increases risk-taking, impairs judgement and psychomotor skills. It is especially implicated in aggression, crime, suicidal behaviour, and accidents on the road and at home, a major cause of death and disability among adolescents.⁹

Drugs, other than alcohol, is also a hazard for young people. They come in many forms, such as opium and its derivative heroin, mescaline and LSD used for hallucinogenic effects, coca and khat, cocaine, "crack", etc. prescription drugs such as amphetamines and barbiturates, and include the sniffing or inhaling of paints, glues and thinners more common in late childhood and early adolescence in poor urban populations. Adverse effects of drug abuse among the young are multiple and include dependence, overdose, accidents, physical and psychological damage, and sometimes death. Persistent drug abuse may impair development, promote dangerous behaviour including crime and prostitution to get money to buy drugs and is associated with suicide attempts and accidents resulting from altered perception and psychomotor inadequacy. A great hazard for those who inject drugs is the risk of acquiring HIV infection resulting in AIDS.

The use of tobacco, alcohol and other drugs in young people, although voluntary behaviour, and thereby preventable, derives from the context in which they live. Young people use their elders as role models, and where substance abuse occurs among adults, it is more likely to occur among their adolescent children. They begin as social behaviours: the less secure the adolescent socially, the more vulnerable to pressure from peers and other sources. Harmful substances are generally becoming more accessible to young people, with the spread of mass media in which substance abuse is widely portrayed, advertising directed to the young and increasingly the young woman, in particular, and the absence of legislation or its lack of enforcement in the sale of harmful

substances to the young. All these elements contribute to this great danger to health and development.

How can we act effectively to reduce the spread of tobacco, alcohol and other drugs to adolescents?

3.9 Violence

One of the most pervasive, yet relatively hidden, issues in today's world is violence against women. The adolescent is especially vulnerable. In 1993, the United Nations General Assembly adopted a declaration against physical, sexual and psychological violence to women. While it is difficult to obtain accurate figures regarding violence because of the sensitivity of the subject, the feelings of "shame" often felt by the victim, and the threat of further violence, there is increasing evidence throughout the world of the importance of this neglected area. In examining sexual abuse, Lore Heise,³⁴ e.g. found that: from 27% - 62% of women in the U.S., 33% of women in Barbados, and 25% of women in Canada, recall at least one event of sexual abuse that occurred before they were 18 (17 in the case of Canada). Evidence of STD in children in Nigeria; of rape having occurred among 90% of young adolescents aged 12-16 in a maternity hospital in Peru; of 95% of pregnant clients under 15 being victims of incest in Costa Rica; and that 40% to 58% of sexual assaults reported to rape crisis centres in a number of countries are perpetrated against girls aged 15 and under, is further evidence of this great problem.

The adolescent girl is especially vulnerable to violence of all kinds because of her relative lack of power; physically, socially and economically. She will often have lower status in the household, lower status in the workplace, and less opportunity for education, training, employment and inheritance rights, all of which contribute to greater vulnerability. It is not only the acts of violence which are damaging, and unquestionably under-reported, but also the implicit or explicit threat of violence which may determine much of what she is obliged to do. Before reaching adulthood the female is vulnerable to: a) sex-selective abortion, battering during pregnancy, and coerced pregnancy prior to birth; b) female infanticide, differential access to food and care in infancy; c) child marriage, genital mutilation, sexual abuse by adults in and outside of the family, child prostitution; and d) dating and courtship violence in adolescence.

economically coerced sex, sexual harassment and abuse at the workplace, and forced prostitution.³⁴

Violence breeds many problems including those of reproductive health and leads to severe mental health consequences including post-traumatic stress disorder, depression, anxiety, sexual dysfunction, eating disorders, and suicide as well as homicide. Sexual abuse has also been linked to other behavioural problems including excessive alcohol and other drug use, unprotected sex with multiple partners, and prostitution. A study in the state of Washington, in the U.S., of pregnant adolescents³⁵ showed that those who had been sexually abused, began intercourse a year earlier, were more likely to have been battered by a partner, and to have exchanged sex for money, drugs, or a place to stay, and were much less likely to use a contraceptive. The Council on Scientific Affairs of the American Medical Association has indicated³⁶ that maltreatment is associated with a wide range of adolescent risk behaviours including: greater risk of premature sexual activity, unintended pregnancy, emotional disorders, suicide attempts, eating disorders, alcohol and other drug abuse, and delinquent behaviour.

The violent event is usually the tip of an iceberg, erupting in a context of discrimination, poverty often, inadequate education and opportunity. Even the tip is often hidden from sight as it goes unreported because of social stigma and a sense of futility. Better information is needed in order to attack this problem at all levels of society. But most of all, we must focus on the prevention of violence against women throughout the life span.

Problems of violence and sexual abuse which occur in adolescence are hidden from view. How can they be better prevented, and how can it be made easier for young people to make their difficulties known to get the help they need?

3.10 Mental Health

Mental health has been defined as "...the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities

(cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality."³⁷ It is clear from the preceding review, that the conditions of life of adolescent girls, place them at greater risk of mental health problems. The pervasive devaluing of women relative to men, is a recipe for depression, anxiety and other mental disorders. The causes of emotional disorders are usually multiple but closely related to the way a young person has been treated throughout childhood and adolescence. Physical and sexual abuse, low status at home, in education or at the workplace, the emphasis on an overly-thin body image, a lack of opportunity to develop self-esteem and a sense of self-efficacy will contribute to psychological difficulties. Entry into parenthood is much more demanding on the woman than on the man, and this is especially true if the young mother is an adolescent, and even more so, if she is a single parent. While adolescent girls are generally given fewer opportunities to build educational and economic "capital", the demands upon them are greater, especially once they enter into marriage. They are often obliged to play a dual role that of looking after the family and earning money in disadvantaged conditions. Their role in the home is often devalued, while their role outside the home is handicapped by discrimination. The very valuable qualities that women, by contrast to men, often bring to situations - flexibility, cooperation, consensus building rather than confrontation, lateral networking, the capacity for subjugating the self to group needs - work against them in formal structures typical of the world of work. It is not surprising that depression and anxiety appear to be more common among women as do suicidal attempts, although it is hard to know how much is a result of a greater willingness on the part of women to admit to the need for help.

How can society recognize the special qualities that women bring to the interactions of families, communities and the workplace as valuable and needed?

3.11 Other Illnesses and Infirmity

Young people also suffer from diseases which affect the general population in their countries, sometimes to the detriment of their overall development as well as health. Tuberculosis (TB) appears to be increasing and

may well be under-reported in young women as pregnancy is known to exacerbate TB. The WHO Tuberculosis Programme estimates that over 600,000 new TB cases a year occur among girls 10-19 years of age and estimates that 181,000 girls die each year from tuberculosis. The signs and symptoms of leprosy, commonly acquired in childhood through prolonged close contact with infected family members, often appear during adolescence. The prevention of deformity lies in early detection and treatment. Rheumatic heart disease usually arises from an acute streptococcal bacterial infection in childhood, but may lead to cardiac failure and death during pregnancy. There are many tropical parasitic diseases which afflict young people, the most important of which is malaria which takes a particularly heavy toll in loss of school attendance or economic activity. Malaria also appears to be more severe in young primigravidae pregnant women, which also puts their foetus at risk of death or low birth weight. In countries where schistosomiasis is endemic, the prevalence and intensity is usually highest in young people, and girls will be particularly affected by anaemia resulting from it. Other endemic illnesses which often have devastating effects include filariasis, onchocerciasis, trypanosomiasis and guinea worm and the presence of intestinal parasites including hookworm.³⁸ Many of the illnesses which beset the poorer developing countries can be prevented, or treated, especially if detected early. Public knowledge, as well as professional action is essential in reducing the toll of disease. Asthma is a problem which appears to be increasing in developed countries especially in children and young adults. It is less well documented in developing countries. Chronic diseases in adolescence, such as diabetes, often pose special problems because it is a time when young people particularly want not to be different, and also experience many demands which make compliance with treatment more problematic. A relatively minor medical problem such as acne, or irregular teeth, may cause considerable anguish to an adolescent and harm psychosocial development. Other problems which make the adolescent different from the norm - sensory and motor disorders, physical or mental impairment, disfigurement, require special attention to help, to the extent possible, bring the young person into the mainstream of society.

4 PRINCIPLES OF EFFECTIVE ACTION

While there are many adolescent health problems, and some are increasing, much can be done to reverse the trend and set a better pattern for the future. Promoting the health and development of adolescents has a tremendous, but inadequately tapped resource - young people themselves. Their active involvement in creating better societies in which to live, has the double

advantage of contributing to the benefit of all while helping them to fulfil their own potential. However there are two prerequisites for this to happen: the basic needs of young people must be met and the opportunity to use their capacities be provided. Failure to do this carries with it grave consequences. Adolescence is a crossroad in life. While the critical faculties of adolescents sharpen, they are also receptive and vulnerable to outside influences. Both great good and great damage can be done in adolescence. While adolescent health is a relatively new area of attention, lessons have been learnt in working with young people which suggest important principles.³⁹

4.1 Adolescents are People, not Problems

Young people benefit from relationships in which they are seen as whole individuals, and not simply as someone who poses a problem, or has a special need. The nature of the relationship between adults and adolescents is at the heart of the matter. A positive outlook by the adult is more likely to engender a positive reaction in the adolescent. It is important to distinguish between the adolescent's behaviour, which may be inappropriate or even unacceptable, and the adolescent, who should not be rejected as a person. Often an immediate problem has a broader underlying cause which will not emerge unless a holistic approach is taken.

4.2 Knowledge Engenders Responsibility

The myth that knowledge is dangerous for adolescents is perhaps the most damaging of all. Ignorance breeds fear, and fear breeds paralysis, frustration or excessive risk-taking. Adolescence is a time of enquiry when the minds of young people are open and receptive to new information. It coincides with new impulses and new relationships. What they wish and need to know may vary from culture to culture and among adolescents in disparate circumstances. The most useful information will be in response to the questions that young people have. That is not a simple matter, since young people are typically discouraged from asking questions about sensitive subjects. Helping young people to ask questions requires commitment and skills, but it can pay great dividends. Training in listening skills⁴⁰ is a fundamental need for those who work with young people whether in the health, education, social welfare, criminal justice, religious affairs, employment, sports, youth and other sectors.

4.3 Interactive Approaches Work Best

Adolescents suffer the bane of one-way "messages" usually with underlying moral content designed to control their behaviour. As adolescents know very well what their elders believe is right, and, indeed, often share those views, the messages are, at best redundant, and at worst counterproductive. Real learning, however, takes place through dialogue. Socrates, for instance, found that eliciting from people what they knew, was the best way to teach. An opportunity to debate and discuss issues can be mutually constructive, and contribute to trust between adolescents and adults.

4.4 Relationships Determine Behaviour

A key, and significantly overlooked factor in the promotion of adolescent health care and behaviour, is the nature of the relationships which play such a crucial role in determining what young people will do. There are many kinds of relationships which have an impact on adolescents, including: relationships among the same sex and between the two sexes; between younger and older adolescents; between adolescents and older family members; between adolescents and their younger siblings; between adolescents and adult authority figures such as teachers, doctors, religious figures, the police and others; between adolescents and those they admire and emulate in sports and entertainment, etc. The most important relationships however, have been in their own families since these will serve as their basic models. Of all relationships, that between mother and father may be the most crucial in shaping young people's interaction with others. The best protection against violence is respect for others, and skills which can be used to negotiate rather than resort to force. The family is the starting point for establishing such values and modelling the practices.

4.5 Equity is Fundamental to Adolescent Development

Adolescents cannot develop fully in a healthy way in a poisonous atmosphere of bias and bigotry whether it is directed against them because of their race, ethnicity, gender or for any other reason. If boys are brought up to think of girls as lesser beings, the damage is done to them both and to their offspring, for they cannot achieve fulfilling relationships with each other and will not be able to provide good role models for the children they have. Young people are very sensitive to injustice, and it is for that very reason that there is hope in enhancing gender equity between the sexes.

4.6 Approaches which Build on the Culture

There are many cultural variations in the way that males and females are valued. These need to be taken into account when changes are sought in favour of greater equity without losing sight of the importance of equity to development. To do that successfully requires an approach which: draws on all sectors of society, aims to build a consensus, and draws out the best of people. While many contentious issues affect the degree to which young people may have autonomy, and there are differences in treatment of the two sexes, usually to the disadvantage of the girl, there is one facet common to all cultures on which we can build - all people want the best for their children. All adults want to see their adolescents grow into beings who are fulfilled and happy. However, ignorance of what is damaging to health and development, and the accompanying lack of insight, stand in the way of providing adolescents with greater opportunity.

4.7 The Involvement of Young People in the Planning, Implementation and Evaluation of Action Designed for their Benefit

Perhaps the best way to assure culture specificity, relevance to need, and commitment, is the involvement of young people in partnership with adults in building a better society and more equitable conditions for the two sexes. This draws on the most powerful of principles - enabling people to communicate openly with each other, in a positive atmosphere of trust for a mutual goal - activities which require the skills more common to women than men. Gender equity will thus both serve and benefit from such an approach.

4.8 A Multi-Sectoral, Multi-Disciplinary Approach with NGO and Government in Partnership

The promotion of health and development, the prevention of specific problems, and the provision of care for those who need it, requires the cooperation of many different sectors - health, education, social welfare, criminal justice, youth, sports and culture, labour, religious affairs - to name some. But government often supplies a framework with much of the work done by Non-Governmental Organizations (NGOs) including both organizations working directly with the community and professional and scientific associations of different disciplines. Many projects around the world provide excellent examples of such cooperation.⁴¹ Adolescence is a volatile period of life, problems flare

up quickly but are often very amenable to resolution if they are met early. Thus a cooperative spirit and good linkages are essential to provide help when most needed.

The International Planned Parenthood Federation (IPPF), with financial support from UNFPA and technical support from WHO, has developed a series of country projects on adolescent sexuality and reproductive health called "Youth for Youth" in partnership with governments and other NGOs including The Young Women's Christian Associations, The International Federation of the Red Cross and Red Crescent Societies, The World Association of the Girl Guides and Girl Scouts, the World Organization of the Scout Movement and the World Assembly of Youth, among others. These projects are generated by young people networking across organizations in their countries and address issues of adolescent sexual and reproductive health according to local needs. The projects have provided varied interventions including training, information, education, research and networking on many issues including early marriage, prevention of pregnancy, prevention of AIDS and safe motherhood. Projects are underway in Colombia, Egypt, Jamaica, Senegal, Sierra Leone and Sri Lanka with other countries expected to join in.

How can a participatory and mutually supportive dialogue built on equity and respect, between young people and adults, be nurtured in all societies?

5 ACTION TO PROMOTE ADOLESCENT HEALTH AND DEVELOPMENT

For adolescents to be able to develop fully and to protect their health, a friendly environment in which equity between the sexes is valued, and in which young people are given the support and opportunities they need to exercise their capacities is required, and in which information, counselling and other services can be provided in a confidential manner by people whom they trust and who are empathetic to their needs. Despite the fact that myths persist that knowledge is a danger to young people, evidence suggests that giving young people knowledge and opportunities for protection through services make them more, not less, responsible. For adults to help the young, especially with regard to subjects such as sexuality, they must be confident of their own knowledge and comfortable with such subjects. Few people, including many who work in the health and education sectors are. Fear breeds misunderstanding and curtails communication while sharing knowledge opens the way for growth. There are blockages in our systems of interaction with the young. Below are some of the action which can be taken to overcome major obstacles. A useful way to develop action using a multisectoral approach is to review the status of adolescent health, of adolescent behaviour, and of policies and programmes currently available to meet needs and prevent problems.⁴²

5.1 Enhancing Young People's Knowledge and Skills

The need

Young people are rarely provided with adequate knowledge about their own development, especially in regard to sexuality, the changing human relationships which take place during adolescence, and the benefit to boys and girls of equity between the sexes. They need to develop their capacity to communicate, make plans and decisions during a time of life in which their own autonomy is increasing. They need knowledge about appropriate exercise, rest and nutrition and the special needs of young women. They need to know how to protect themselves against illness and injury including the consequences of using tobacco, alcohol and other drugs, and how to prevent pregnancy, STD and HIV infection. In much of the world, young people lack specific information about how to make use of existing services. They often do not know what is available, where it is, how to use it, what will happen when they get there, what

SPECIAL NEEDS
at country level

RESEARCH- INFORMATION - ADVOCACY

- 1 The status of adolescent health and behaviour**
 - Patterns of sexual behaviour
 - Pregnancy and childbirth
 - Induced abortion
 - Sexually transmitted diseases
 - Contraceptive use
 - Marriage and divorce
 - Nutritional status
 - Accidental and intentional injury
 - Tobacco, alcohol and other drug use
 - Patterns of other morbidity
 - Major causes of mortality
- 2 Adolescent educational status by sex**
 - Enrolment in secondary school
 - Completion of secondary school
 - Vocational training
 - University enrolment and completion
 - Literacy rates
- 3 Adolescent employment by sex**
 - employed at home
 - employed outside of home
 - self-employed
- 4 The Status of Health Services for Adolescents**
- 5 The Status of services in other sectors**
- 6 The Status of policy and legislation for Adolescent Health**
- 7 Ratification and implementation of Conventions**
 - on the Rights of the Child
 - Against Discrimination Against Women
- 8 Analysis mass media and advertising output directed to youth**
- 9 Perception by adolescents and key groups of adults, of the meaning and value of gender equity**
- 10 Needs and aspirations as perceived by female and male adolescents**

it will cost, whether it will be confidential, private, or painful, what will follow, and, perhaps most important, whether they will be welcome.

Points of action

5.1.1 Interpersonal communication

There are multiple sources and channels of information which can be used to enhance the knowledge of young people - their families, teachers, health workers at all levels, those who provide spiritual education, youth organizations, women's and other community groups, health providers, and the mass media, both in print and electronically. Each of these groups must not only be helped to see the value of knowledgeable young people of both sexes, but they must also have the knowledge and skills needed to communicate effectively with young people on relevant subjects. Those who communicate on an interpersonal level especially need an understanding of adolescent sexuality and relationships, and the skills to listen effectively so that adolescents are able to express describe their concerns and their situation as they perceive it. Adolescents who understand their physical, emotional and social changes will be best able to meet their own needs, and to know when they need the help of others. Adolescents also need very specific information about how, where, and from whom they can get help when they need it. Those who help educate and inform the young can play a major role by providing specific information at a local level.

5.1.2 The mass media

Today, the mass media represents one of the most powerful influences of all, crossing cultural boundaries and creating a "global teenager". While interpersonal communication with the young is of great value, better use can also be made of the electronic and print media to provide basic information. Comic books, magazines for the young, radio and television programmes, publicity in the cinema, newspaper articles and posters are some techniques being used. Information can be provided about: the basic aspects of growing up in any society; information about the physical, psychological and social aspects of adolescent development including the basis for rewarding relationships; the rights and responsibilities of young people; and especially, specific information about where and how to get more help if the young person needs it. Of course, the language used and the means of presentation should be acceptable and attractive to young people. The best way to assure this is to involve, from the very outset, young people from the community in planning, implementing and evaluating the action.

5.1.3 Young people's questions

One special invaluable service can be provided by indicating the questions young people widely ask, and the answers to them. This calls, in the first place, for research to identify those questions, in, as far as possible, an anonymous way for those who are literate, and through young researchers especially, for those who are not. The significance of responding to questions from young people in the community cannot be over-emphasized since they will help meet realistic needs, and will be culturally relevant. An analysis of such questions by sex and age will provide invaluable information to those responsible for developing services.

5.2 Youth-friendly Services

The need

Health and social services are all too often geared towards adults rather than young people. They do not meet basic needs of accessibility, confidentiality and low cost. They are often not linked with each other. For example, a family planning service which accommodates adolescents needs to be accessible to both sexes, and it needs to be closely linked, if not integrated, with an STD service, as well as with maternal health care. Services in one sector are frequently inadequately linked with interventions in other sectors. Furthermore, the provision of information, education and communication to young people in general, is rarely linked with the health services locally available. By and large, young people either do not use services which exist, or come later when help is more difficult. Their experience is often a negative one, and word of mouth keeps other youngsters away. Health and social services therefore need to be accessible to adolescents to promote health, and especially to intercept problems at an early stage for humane, health, and economic reasons.

Points of action

5.2.1 Service evaluation

Making services more youth-friendly can be done at relatively low cost if the will is there. For example, simple evaluations can be undertaken by a service to see how well it is serving its young clients. One approach is to ask the users what they like and do not like about the service, and ask the providers to say what they think young people like and do not like. Feeding back the results to the providers, in a non-threatening way, can help overcome deterrents to

service use. It identifies the issues that are important to adolescents - it may have more to do with needs for privacy and a sympathetic ear, that can be met at low cost by putting up a curtain, moving a chair, providing some special hours for young people, selecting staff who are sympathetic to the young. However, fundamental to the service is a policy which enables the staff to provide services to young people, including, for example, contraceptives to the sexually active unmarried, and a service which can accommodate both young women and men.

5.2.2 Impact evaluation

One of the major needs in the field is for better methods for the evaluation of impact of interventions of all kinds including clinical services, information and education and communication generally, and counselling. Evaluation is needed for different purposes - most importantly to strengthen programmes, but also to assure that resources are being used appropriately and to satisfy donor agencies. This is a complex matter since most interventions will occur while other factors in society may be changing so it is difficult to separate the impact of a single intervention on adolescent health generally. It is also difficult because useful indicators of many aspects of adolescent health and development are not clearly defined nor readily measurable. Nevertheless it is an important challenge for the field, and increasing attention is being given to this need.

5.2.3 Telephone hot-line

Young people need to know whether they need help, and how to get it but they are often too shy to ask, or uncertain how to find out. One widely used approach is the use of a telephone "hot-line" which can be done in any urban setting where public telephone kiosks exist. Staff must be trained, as well as supervised and supported in helping young people through the telephone. This, in the first instance, provides an invaluable opportunity for personalised and anonymous help. Many young people are unnecessarily anxious about themselves, especially in matters of sexuality, but do not have the opportunity to discover that the difficulties they are experiencing are natural and common, which often removes most of the anxiety. The lack of help often leads to much more serious psychosexual problems during adolescence and in later life. On the other hand, there are many young people who are suffering from, for example, situations of abuse who fear to disclose it openly, and need someone to begin the process of help.

5.2.4 Service linkages

Sensitive help can lead to appropriate referral if a network of sympathetic people working in the community are linked together. A valuable service could be performed in every district if an organization - private or public, government or non-governmental - could take responsibility for establishing a linkage of key people in each service who are interested in helping adolescents. The services link sectors such as health, education, social welfare, religious affairs, youth, employment, and criminal justice. Because young people are reluctant to seek help, coming to any service provides an opportunity for help which must not be lost. While a holistic approach which meets all needs of young people in one integrated service may not be practical in most situations, an approach which provides active linkages across services may help substitute for such a holistic approach.

5.2.5 Peer education and counselling

Peer education and peer counselling are two ways to assist young people in obtaining the help they need. Young people are widely used to help meet the information requirements of other young people as they are more likely not to reprimand them for their questions, and may well be more understanding of the need for information than adults. To do this well, however, requires a partnership with adults, initially, to help obtain and provide sound information from reliable sources, and for support to the young people providing such help, since they may be faced with situations which require more than straightforward information. Peer counselling is harder to achieve, since it requires special training in counselling and psychological skills, adequate knowledge of adolescent needs, ways to meet these needs and how to know when to refer to others. This requires training, supervision and above all continuing support, since it can be a stressful and very demanding task.

5.2.6 The school

The school can be better utilised as a site for the promotion of adolescent health in a number of ways: by providing a healthy environment with clean water, sanitation facilities and nutritious food; by providing some health services including screening for abnormal growth, development and sensory motor problems as well as illness and injury; and by providing education for health which incorporates the training of skills in young people. The use of group discussions among young people, and of interactive approaches in simulating the situations which young people will face on their own, such as role

play, will serve to strengthen their capacity to communicate with each other and adults, and make appropriate decisions. Teachers are a fundamental resource in every community and their capacity to help young people in health matters can be enhanced.

5.3 Multisectoral Training in Key Skills and Knowledge

The need

People who provide interventions for adolescent health are usually trained in their own field, whether it be general medicine, or a particular specialised aspect of health. They are, however, often not trained in interpersonal communication and counselling skills needed to work with the young person, nor provided with a sound understanding of adolescent development including human sexuality. The absence of these skills and knowledge often deters adolescents from using a service, or leads them to come too late for effective help.

Points of action

5.3.1 The knowledge base for service providers

Training, sensitisation or orientation of adolescents as people, rather than as problems, is of vital importance for those who work in any sector dealing with young people. Those who provide direct services particularly need training which helps them to understand the changes which take place in adolescence, especially those which relate to sexuality and gender roles, since these are often the most sensitive subjects for adolescents. Knowledge is needed about: basic growth and development; nutritional, exercise and rest needs; the ways that intellectual capacity grows in young people especially if given the opportunity to use it; the emotional changes that are most manifest in the new relationships that are formed with other young people, especially of the other sex, and with adults outside the family; and ways to protect themselves against the problems they risk through unprotected sexual relations, the use of harmful substances, excessive risk taking, and the threats of violence.

5.3.2 Basic skills for service providers

But they also need skills training which permit better two-way communication with young people, especially in their capacity to listen to the young and elicit the adolescents' feelings, experience, and thoughts. Experiential techniques, such as the extensive use of role play, are necessary to acquire such skills. WHO has developed one such approach.⁴⁰ For those who will use these skills for counselling purposes, like the young peer counsellor, supervision and mutual support in their work will be needed.

5.3.3 Profession and in-service training

Training of this nature needs to be introduced in the basic training of those who work with the young, including teachers, doctors, nurses, social workers, the police, etc., so that all will have some understanding, and some will take it further to provide special skills for adolescents in their services. In-service training can be a first invaluable step and could be encouraged on a voluntary basis in all professions dealing with young people.

5.3.4 Sensitising key decision makers

Understanding adolescent health and development is also important for those who may not work directly with young people, but are responsible for planning or managing such services. A general orientation which helps provide them with overall knowledge about the state of adolescent health, and of effective interventions, will help pave the way for more sympathetic training and services. In the first instance, each country or community requires sound information about the health status of young people, the most common current patterns of behaviour, and particularly, trends in health problems. Is there a rise in adolescent pregnancy and STD? Is the use of tobacco, alcohol or other drugs changing among young people of either sex? The focus needs to go beyond problem identification to an awareness of the positive actions taken in the community by young people and others through programmes and projects. An understanding of effective principles of interventions - that adolescent knowledge and access to services promotes health, and that young people can be a great resource for health, development and equity needs also to be provided to these key decision makers.

5.4 Coherent Policies and Legislation

The need

There are many kinds of policies, laws and regulations which affect the health care and health behaviours of young people. These need to be consistent with one another, to be understood by those who are affected by them, and to be implemented. Unfortunately much legislation of this kind has been created on an ad hoc basis, without focus on the overall welfare of the young person.¹⁷ They are frequently not known by those most affected by them, or may be misunderstood, and are inconsistently implemented. There are many kinds of laws and regulations which affect young people, including: the minimum age for each sex at which marriage and/or sexual relations are permitted, whether adult consent is required for the use of services or access to contraception, minimum age laws for employment, age of compulsory education, military conscription, protection of confidentiality, and laws which are designed to protect them such as those stipulated in the Convention on the Rights of the Child, and the Convention for the Elimination of All Forms of Discrimination Against Women, on condition that their country has ratified these international instruments. Some legislation such as that dealing with inheritance rights, and access to resources and ownership of property, favours the male over the female and reduces capacity for important decisions and economic autonomy. This colours the way an adolescent can plan her future, and may dash hopes and aspirations to the detriment of the adolescent's development.

Points of action

5.4.1 Health policy review

A helpful first step in each country is a cross-sectoral review of adolescent health policy in a country, to identify whether explicit policy exists in the public sector. Although some twenty countries in Latin America, and a few in other regions are currently formulating overall adolescent health policy, for most, policy will be implicit and determined by existing legislation on specific points related to adolescent health. Research in each sector affected by such legislation should help to determine: a) what the law is believed to be; b) the extent to which it influences action; c) the extent to which it appears to be implemented; and d) whether changes are seen as desirable. Reporting on these findings can be done in a public forum with mass media presence to help influence thinking on the needs of adolescent health policy and legislation. It will also be useful to take note of global level policy statements such as those

found in World Health Assembly Resolutions⁴³ and such policy documents as that of the WHO/UNFPA/UNICEF Joint Statement on Adolescent Reproductive Health,⁴⁴ the UN Convention on the Elimination of All Forms of Discrimination Against Women (United Nations, New York, 1981), and the UN Convention on the Rights of the Child.

5.4.2 Human rights

There are now a number of policy statements and legally binding conventions at the international level which can be helpful in promulgating policy and appropriate legislation within countries with respect to rights to health, education, employment, and social welfare in particular, and human rights generally. The UN Conventions, UN Resolutions, World Health Assembly Resolutions, and many other international and regional indications of international human rights law (e.g. R.J. Cook⁴⁵) can be compiled and publicised for global consumption.

5.4.3 Education policy

One of the most powerful ways to promote equity, enhance development, and protect health for all, is to increase the education of girls and adolescents. It is a fundamental prerequisite for human development, and a right to which all young people should be entitled. Policies are needed to realistically prolong minimum school leaving age so that girls as well as boys can benefit from modern education and training. It is important that adolescents who leave school because of pregnancy are able to return to school or continue their formal education in some manner. It is vital for societies that discrimination against girls which prevents them from attending school, or succeeding when they are there, be eliminated. Education, of course, does not exist in a vacuum. Adults of both sexes must be helped to see the value of education for females, as well as the economic possibilities to prolong education.

5.4.4 Economic policy

Policy with regard to economic issues at macro and micro levels can also have a significant impact on adolescent development. These include: preventing child labour in ways which still enable families to support themselves; ensuring that working conditions for adolescents meet basic safety requirements, and that both sexes receive equal pay for equal work; providing training for the job and in accident prevention; and ensuring that young people are not given tasks which are beyond their developmental capacities. The work

site can also serve a valuable function as a place to provide some health services including the visit of health workers on a regular basis to provide information and linkages; basic health screening; the provision of written information about health and health services; a telephone kiosk for young people to use a "hot line"; and, enlightened policies that help them advance in their careers without gender-based discrimination.

How can adult society be helped to recognise the need of adolescents for access to information, services and resources for their own health and development?

By bringing to bear what we know, sharing it widely and learning from each other, we stand the greatest chance of achieving greater opportunity for the health and development of young people through equity and justice, for the benefit of all.

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