

# Introduction to adolescent health & to adolescent sexual and reproductive health

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## Key statement 1

**WHO defines adolescents as individuals in the second decade of their lives – aged 10-19 years.**

**WHO recognizes that adolescence is a phrase rather than a fixed time period in an individual's life – a phase when enormous physical, psychological and social changes occur.**



## Key statement 2

**Adolescents are a very diverse group.**

**They:**

- Are in different stages of development
- Live in different circumstances
- Have very different needs and problems



## Key statement 3

**Many individuals make the transition from childhood through adolescence into adulthood in good health. 44**

**Many others do not.**

**Deaths:** An estimated 1.4 million adolescents die every year due to road traffic injuries, violence and pregnancy-related causes.

**Illnesses:** Tens of millions of adolescents experience health problems such as depression, anaemia and underweight, and HIV infection.

**Unhealthy behaviours:** Hundreds of millions of adolescents initiate behaviours - such as tobacco use, physical inactivity and unhealthy eating habits – that could result in lung cancer, cardiovascular disease and diabetes in the adulthood

## Key statement 4

**Risk reduction approaches  
are important.  
But they alone are  
not enough.**



- Helping adolescents become aware of risks to their health (e.g. the risk of HIV infection)
- Teaching them how to avoid these risks (e.g. to refuse unwanted sex or to have safe safely)
- Giving them the means to protect themselves (e.g. condoms)
- Helping them if they experience problems (e.g. an unwanted pregnancy or sexually transmitted infection)

# We need to build the core assets of adolescents so that they can take greater control of their lives

- ❑ **Competence**  
(abilities to do specific things)
- ❑ **Confidence**  
(positive sense of self worth)
- ❑ **Connection**  
(positive bonds with people & institutions)
- ❑ **Character**  
(sense of right & wrong, & respect for standards of right behaviour)
- ❑ **Caring**  
(sense of sympathy and empathy for others)

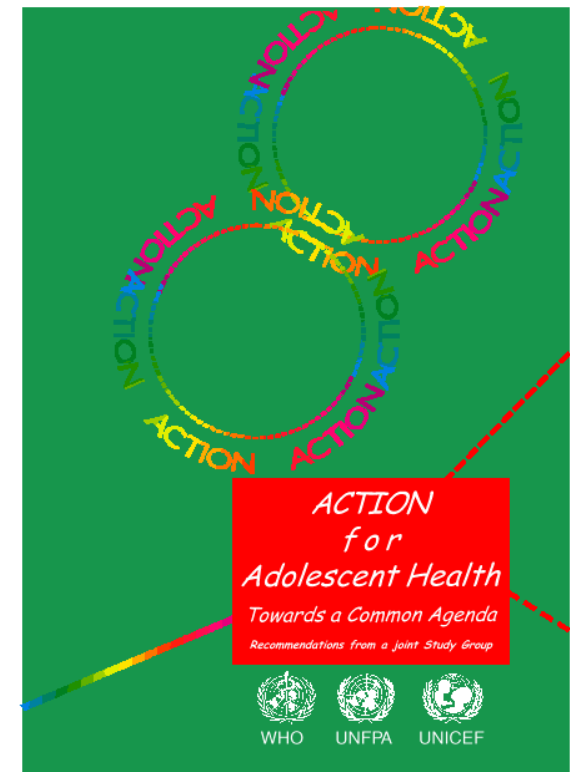






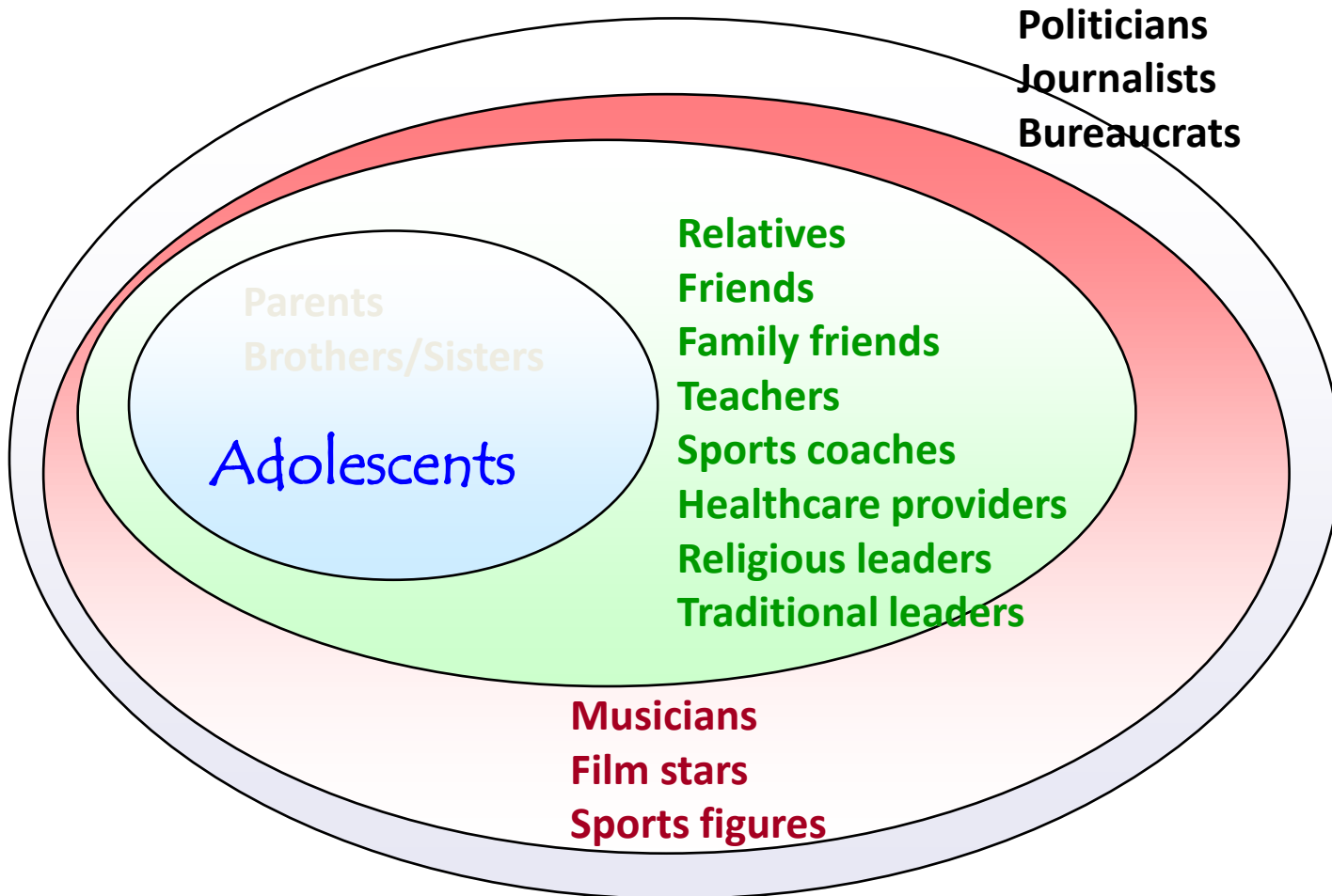
To grow & develop in good health,  
adolescents need

- ❑ **Information & skills**  
(they are still developing)
- ❑ **Safe & supportive environment**  
(they live in an adult world)
- ❑ **Health & counselling services**  
(they need a safety net)



## Key statement 5

Many individuals & institutions need to contribute to the health & development of adolescents





## **Key statement 6**

**Adolescents face sexual and reproductive health problems**



## Millennium Development Goal 5: Improve maternal health

Early child bearing heightens risks for both mothers and their newborns.

### Good news:

In all world regions the adolescent birth rate decreased between 1990 and 2010.

### Bad news:

Although progress has been made in reducing the birth rate among adolescents, more than 15 million out of 135 million live births worldwide are among women between the ages of 15-19.

Source: United Nations. Millennium Development Goals Report, 2013, Page 33.



# Child marriage

Child marriage is a widespread harmful practice that affects an enormous number of girls

- 1 in 3 women worldwide are married before the age of 18
- 1 in 7 women worldwide are married before the age of 15
- An estimated 14.2 million child marriages occur annually (~39,000 everyday)



Source: UNFPA. Marrying too young. End child marriage. UNFPA. New York. 2012.



## Millennium Development Goal 6: Combat HIV/AIDS, malaria & other diseases

### Good news:

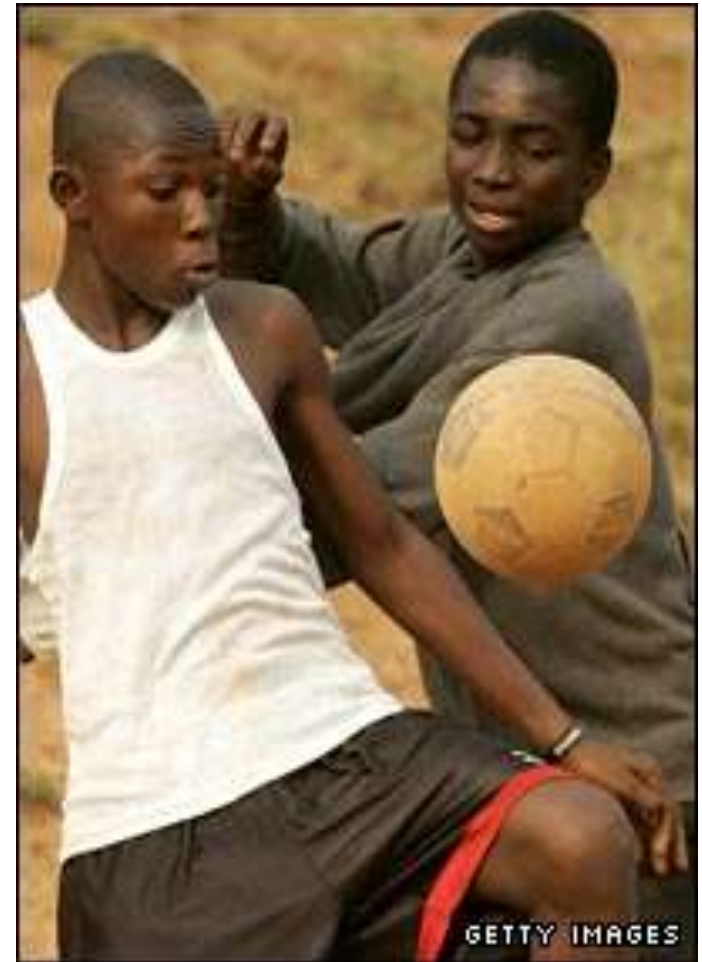
Worldwide the number of people newly infected with HIV continues to fall, dropping 21% from 2001 to 2011.

### Bad news:

An estimated 2.5 million were infected with HIV in 2011 – most of them (1.8 million) in sub-Saharan Africa.

Globally, an estimated 34 million people were living with HIV at the end of 2011. Sub-Saharan Africa remains the most severely affected, accounting for 69% of the people living with HIV worldwide.

Source: United Nations. Millennium Development Goals Report, 2013.



# Female Genital Mutilation/Cutting

## Good news

There is a gradual but significant decline in levels of FGM/C in many countries, even in some where it remains deeply entrenched.

In Egypt – where more women have been cut than in any other nation – household survey data showed that 81% of 15- to 19-year-olds had undergone the practice, compared with 96 percent of women in their late 40s.

## Bad news

Progress against FGM/C is halting and uneven  
30 million girls are at risk of FGM/C over the coming decade.

Source: UNICEF. Female genital mutilation/cutting. A statistical overview and dynamics of change. UNICEF. New York. 2013.



## Key statement 7

**Adolescent face these health problems:**

- Because they are unprepared and unable to protect themselves**
- Because they are under pressure to marry and bear children early**
- Because they are unable to refuse unwanted sex or to resist coerced sex**
- Because they are compelled to undergo female genital cutting**

- Individuals make choices to engage in specific behaviours
- Family and community norms, traditions, and economic circumstances influence these choices
- Policy and regulatory frameworks facilitate or hinder choices

