

## Youth and health risks

### Report by the Secretariat

#### HEALTH STATUS OF YOUNG PEOPLE

1. There are various definitions of “youth”. For the purposes of this paper, young people are defined as between 10 and 24 years of age, and adolescents as between 10 and 19 years of age.<sup>1</sup>
2. In a growing number of countries, a demographic transition is occurring. As children survive the dangers of childhood illnesses and move into the second decade of their lives, there is a bulge in the adolescent band of the population pyramid. Economists have termed this bulge the “demographic dividend”.
3. The current cohort of young people worldwide is the largest it has ever been. In 2010, the International Year of Youth, there were 1822 million young people 10–24 years of age – representing one quarter of the world’s population.<sup>2</sup> Four out of five young people live in less developed countries, and represent up to one third of those countries’ populations.
4. Every year, 2.6 million young people die. Most of these deaths are preventable. Some 97% of these deaths occur in low- and middle-income countries. Death rates rise sharply from early adolescence (10–14 years) to young adulthood (20–24 years), the causes varying by region and sex. Over the past 50 years, mortality rates in all age groups have declined. However, mortality among young people has decreased less than in other age groups, overtaking childhood mortality in some high-income countries.

#### Health risks with immediate consequences

5. **Unintentional injuries and violence.** These affect young people more than any other age-specific category, accounting for 8.9% of disability-adjusted life years in this group. One thousand young people die every day from road traffic injuries.<sup>3</sup> Other prominent causes of death include homicide (accounting for 12% of male deaths) and suicide (accounting for 6% of male and female deaths).

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<sup>1</sup> WHO Technical Report Series 886. Programming for adolescent health and development, Geneva, World Health Organization, 1999.

<sup>2</sup> World population prospects, rev. 2008. United Nations Statistics Division, 2009.

<sup>3</sup> See document EB128/20 and *Youth and road safety*. Geneva, World Health Organization, 2007.

6. **Mental and neurological conditions.** These conditions represent a major burden of disease in young people. Depression is the most prevalent diagnosis, and constitutes a significant risk factor for suicide.

7. **Sexual and reproductive health problems.** There are several important aspects of sexual and reproductive health that apply particularly to young people. The majority of people become sexually active during adolescence. The use of contraceptives and condoms among young people, however, is low and unprotected sex is the second largest contributor to health risk in terms of the burden of disease in young people. As a consequence, each year, there are at least 100 million cases of sexually transmitted infections among young people, as well as more than 2.5 million unsafe abortions recorded for adolescents.<sup>1</sup> There are 15.9 million infants born to adolescent mothers each year and maternal mortality accounts for 15% of the total number of deaths among young women. The impact of adolescent pregnancy includes intergenerational effects on newborn health. Infants of adolescent mothers, for example, have a higher risk of dying in the first two years of life.

8. **HIV infection and HIV-related illnesses.** In 2009, there were 890 000 new infections among young people, particularly among young women, contributing to the 5 million young people already living with HIV. HIV/AIDS is one of the top five causes of death in this age group.

9. **Nutrition.** Stunting caused by micronutrient deficiencies, and anaemia, caused by inadequate dietary intakes and repeated infections in childhood, affect many boys and girls in low- and middle-income countries entering adolescence. Undernutrition affects growth and development potential, and it also increases the risk of intrauterine growth retardation in the foetuses of pregnant adolescent girls, increasing the infant's risk of developing, later in life, obesity and noncommunicable diseases (e.g. cardiovascular diseases and type 2 diabetes). Simultaneously, the proportion of overweight and obese young people is increasing worldwide.

10. **Alcohol and illicit drug use.** Alcohol use is the largest single contributor to risks to health in young people, as measured by the number of disability-adjusted life years. Alcohol use starts at a young age: 14% of adolescent girls and 18% of boys aged 13–15 years in low- and middle-income countries are reported to use alcohol. It is associated with risks for the unborn child, increased injury risk, violence, and unsafe sex.<sup>2</sup> It contributes to intentional and unintentional injuries, to mental health problems, to sexual and reproductive health problems and to HIV infections in high-income countries. Illicit drug use is the second largest contributor to risks to health in young people in high-income countries, as measured by the number of disability-adjusted life years. Injecting drug use contributes to HIV transmission in some countries with concentrated HIV epidemics.

### **Health risks affecting healthy, productive adulthood and future generations**

11. **Behaviours.** Some behaviours initiated during adolescence have important consequences for health in adulthood. Unprotected sex, physical inactivity, and the use of tobacco, alcohol and illicit drugs all contribute to 17% of the global burden of disease in all ages. It is likely that half of the estimated 150 million young users of tobacco who continue smoking into adulthood will die prematurely. Drinking patterns established early in life are associated with alcohol dependency or

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<sup>1</sup> *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*, 5th ed. Geneva, World Health Organization, 2003.

<sup>2</sup> See document A63/13.

abuse in adulthood. Sexually transmitted infections can lead to infertility and cancers; and HIV infection leads to a chronic care burden on health systems and can be transmitted to infants.

### **Social, economic and cultural determinants**

12. Key determinants are the family, education and environment. In common with the health of other population groups, the determinants of the health of young people are shaped by underlying socioeconomic influences. For example, girls born to poor families are less likely to complete secondary schooling, have a higher chance of early pregnancy, and less access to maternal health care. Socioeconomic inequities feed into certain behavioural patterns that lead to social exclusion.

13. In many societies, family structures are changing and rapid urbanization has further separated families from their traditional support networks. Effective parenting is an important protective factor for adolescents' health. Many parents, however, struggle in their roles, owing to pressures of work, poverty, displacement and the immediate context in which they are living.

14. Education is a key determinant for health. The rate of enrolment in primary school has increased over the last decades, however, low enrolment in secondary school and vocational training limits the potential of young people – and low enrolment tends to apply to girls in particular. There are concerns about the quality of education and particularly about how well it prepares young people for employment. Young people today struggle to enter the labour market. High levels of unemployment and underemployment – often double the level for adults, stifle young people's aspirations to contribute to society as productive citizens.

15. Social conditioning continues to affect the lives of young men and women. Such conditioning can predispose boys to engage in behaviours that compromise health. Traditional norms and practices, such as keeping girls out of school after they attain menarche, socializing them to be submissive, early marriage (defined by UNICEF as marriage under 18 years), and putting pressure on girls to have children as soon as they are married, hinder their ability to live to their full potential. In parallel, however, in many countries the education of girls is on the increase. The participation of young women in the labour market opens the way to the redefinition of gender roles.

16. Many young people grow up in communities where violence is the norm, and where the presence of gangs, guns, illicit drugs and alcohol are a potent mixture that increases the likelihood of violence. Between one quarter and one half of young people up to 18 years of age report being physically abused, and one third of adolescent girls report that their first sexual experiences are forced. Many young men and women live in zones of armed conflict.

17. In an international environment that has embraced globalization, new communication technologies and the associated implications for social networking have changed the lives of many young people. Access to information and communication channels can provide young people with new opportunities to participate in and contribute to society. Levels of access to and the availability of such channels, however, remain unequal. These technological developments introduce new health challenges, such as social isolation resulting from persistent use of the Internet. Conversely, they provide opportunities for health promotion and health care, through the use of mobile telephones or the Internet to find information on health issues.

18. The United Nations' holding of the World Youth Conference 2010 (Mexico City, 24–27 August 2010) acknowledged the importance of addressing the social determinants of young people's health.

The resulting Guanajuato Declaration called for increased investment in policies and programmes across sectors and national development plans, with the meaningful participation of young people.

19. Young people's right to health is recognized in several international treaties, in particular:

- the Convention on the Rights of the Child;
- the Convention on the Elimination of All Forms of Discrimination against Women (and the associated Committee on the Elimination of Discrimination against Women, which is the body of independent experts monitoring implementation of the Convention); and
- the International Covenant on Economic, Social and Cultural Rights.

### **Interventions that address health risks in young people**

20. From a public health perspective, the most compelling reason to address young people on this issue is the fact that there are long-term implications to their behaviours. It is estimated that nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began during adolescence.<sup>1</sup> Furthermore, the health and nutritional status of young people goes on to influence that of their own children.

21. There is reliable evidence that certain interventions can reduce health risks in young people. For example, physical activity is a protective factor against cardiovascular diseases, type 2 diabetes, some cancers and obesity; in addition, it promotes bone health, mental health and well-being. Some interventions are aimed at a broader population and others involve other sectors.

22. The following interventions, which draw on several strategies and interventions of WHO,<sup>2</sup> can be delivered and promoted by the health sector and target young people specifically or have special relevance for this age group:

- (a) Implement the interventions stipulated in the WHO Framework Convention on Tobacco Control, such as increased prices of tobacco products and bans on advertising, promotion and sponsorship, to reduce the number of adolescents who start using tobacco.
- (b) Establish an appropriate minimum age for purchase or consumption of alcoholic beverages and other policies in order to raise barriers to the sale and consumption of alcoholic beverages by adolescents. Implement pricing policies to reduce underage drinking and restrict or ban the marketing and promotion of alcoholic beverages in connection with activities targeting young people. Develop tailored treatment services for young people with alcohol and other substance use disorders.

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<sup>1</sup> World Bank, *World development report 2007*, Cultural Information Publishing House, Hanoi, 2006.

<sup>2</sup> Including the package of tobacco control measures; the Global strategy to reduce the harmful use of alcohol (WHA63.13); the Global strategy on diet, physical activity and health (resolution WHA57.17) and WHO's recommendations on physical activity for health; the recommendations on marketing of foods and non-alcoholic beverages to children (resolution WHA63.14); the implementation of the global strategy for the prevention and control of noncommunicable diseases (resolution WHA61.14); the mental health gap action programme; the strategy on reproductive health (resolution WHA57.12); and the draft global health sector strategy for HIV/AIDS, 2011–2015.

- (c) Support healthy dietary habits and, where relevant, provide food, micronutrient supplementation (e.g. to pregnant adolescents) and de-worming treatments, as well as detect and manage problems.<sup>1</sup> Restrict the marketing of unhealthy foods and non-alcoholic beverages.
- (d) Encourage physical activity by implementing school-based programmes and ensuring that physical environments support physical activity and safe and active travelling to and from school.
- (e) Build the life skills of adolescents, by providing them with psychosocial support in schools and other community settings to promote mental health. Strengthen the contact that young people have with health systems and with competent, caring health workers to detect and manage mental and other health problems.
- (f) Promote nurturing relationships between parents and children early in life, providing training in life skills, reducing the availability and harmful use of alcohol, and reducing access to lethal means such as firearms to prevent violence among adolescents. Promote gender equality and young offender rehabilitation programmes to prevent violence against women.
- (g) Implement graduated driver licensing for novice drivers and introduce and enforce reduced blood alcohol concentration limits for young drivers with zero-tolerance for driving under the influence of other psychoactive substances. Implement helmet and safety belt laws to reduce road traffic injuries.
- (h) Enforce laws prohibiting early marriage and improve access to information on contraception and commodities to reduce too-early, unwanted pregnancies. Provide good quality antenatal care and skilled birth attendance for pregnant adolescents. Where permitted by law, those adolescents who opt to terminate their pregnancies should have access to safe abortion.
- (i) Provide sexuality education to all adolescents and provide the means for young people to protect themselves against HIV infection. This includes provision of condoms to prevent the sexual transmission of infections, and clean needles and syringes for injecting drug users. Improve access to HIV testing and counselling, and facilitate access to treatment, care and support.
- (j) Provide vaccinations to prevent disease in adolescents (e.g. influenza and cervical cancer), as well as those diseases affecting their infants (e.g. tetanus toxoid and rubella vaccines).

### **Putting the health of young people on national agendas**

23. In a growing number of countries, national policies, strategies and plans include actions aiming to decrease health risks among young people, although the coverage and quality of implementation in low- and middle-income countries are limited and health information systems fail to produce age-disaggregated data systematically.

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<sup>1</sup> Using the new WHO growth reference standards for adolescents developed in 2007 to provide anthropometric data.

24. The main focus of programmes has been sexual and reproductive health, including HIV/AIDS. Increased attention is needed to address unhealthy lifestyles, mental health issues and violence.

25. Health programmes at school, where they exist, address a variety of health issues but are of varying quality. The implementation of sexuality education, although inconsistent, is increasing in terms of coverage and quality.

26. Many challenges remain. Policy-makers and public health programme managers need to be convinced of the importance of young people's health. In addition, epidemiology and the evidence base of effective interventions need to be strengthened; funds need to be generated in order to support programme implementation; and capacity building needs to be assigned a high priority. Finally, it is essential that the discomfort that can arise from the discussion and attempted management of sensitive subjects be acknowledged and dealt with – in particular, with respect to sexuality, substance use, violence and mental health.

## **FUTURE DIRECTIONS**

27. There are several country-level actions that can support programming to reduce the health risks of young people. Such actions will have implications for the health system. Components of a national response could include:

- (1) Reviewing health management information systems for the inclusion of age-specific data;
- (2) Reviewing and revising health policies as well as those in other sectors to include measures to protect adolescents from harm (e.g. policies on early marriage and tobacco control) and to facilitate access to services and commodities;
- (3) Scaling up efforts to improve access to health services to adolescents, including specific interventions such as mental health care, testing and care for HIV and sexually transmitted infections, and contraceptive provision;
- (4) Supporting the role of other sectors, for example, media, schools, families and communities in addressing health risks of young people.

## **The contribution of WHO**

28. WHO contributes to the goal of improving youth health by recommending comprehensive, multisectoral approaches and by supporting the contribution of the health sector and the leadership role of health ministries. WHO focuses on gathering strategic information; developing evidence-informed policies; scaling up the provision and utilization of health services and commodities; and strengthening action and linkages with other government sectors.

29. There are several Millennium Development Goals of direct relevance to the health of young children, adolescents and young people, in particular, those Goals relating to maternal mortality and HIV prevention.<sup>1</sup>

30. WHO has issued normative guidance for the implementation of the interventions and strategies noted above, in line with relevant expected results outlined in a number of strategic objectives of the WHO Medium term strategic plan 2008–2013.<sup>2</sup> Three regional offices (the Regional Office for Africa, the Regional Office for the Americas and the Regional Office for Europe) are implementing strategies on adolescent health.<sup>3</sup>

31. At global and regional levels, WHO has increased support to the health sector in countries with the aim of improving the availability and use of age-specific and sex-specific data; formulating evidence-based policies; and expanding access to quality health services and supporting other sectors, such as schools and media, to address the health risks of young people. Progress, however, is slow.

32. Young people can be part of the solution and can be agents of change, initiating healthier actions, choices and behaviour, and catalysing social movements that reinforce healthy lifestyles.

#### **ACTION BY THE HEALTH ASSEMBLY**

33. The Health Assembly is invited to note the report.

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<sup>1</sup> See document A64/11.

<sup>2</sup> See document A64/7. The Proposed programme budget 2012–2013, for example, refers to linkages to strategic objectives 2, 4 and 6, and future action.

<sup>3</sup> Adolescent Health: A Strategy for the African Region (resolution AFR/RC51/R3), European strategy for child and adolescent health (resolution EUR/RC55/R6), AMRO regional strategy to improve adolescent and youth health (resolution CD48.R5).