The health issue of the adolescent period is beginning to receive attention as countries become aware of its future implications. Even though there are few data on this important group, a relatively uniform pattern of problems faced by them is seen. It includes biological issues, risk-taking behaviour, sexually related problems and psychiatric or emotional problems. Health services in the majority of the developing countries are not yet equipped to deal with these issues and adolescents tend to be neglected.

Countries should take a serious view of the adolescents, collect data on their problems and plan policies and programmes in cooperation with other sectors so that action can be taken for and possibly by adolescents themselves.
1. INTRODUCTION

The period of adolescence, between the ages of 10 and 19, is a crucial stage in the life cycle of a human being. At this stage one is neither a child who would automatically receive the love and guidance of parents nor an adult with the liberty to take care of oneself. The period of adolescence is crucial in the development of the adults and the young people who form the majority of the entire population in many countries. The great increase in the absolute and relative size of the adolescent population, especially in developing countries, is accompanied by an erosion of society’s traditional control and support system, and this has led to an increase in many problems during the lengthening period of transition from childhood to adulthood.

Even in normal circumstances the period of adolescence brings a considerable amount of stress due to the often very delicate transitions involved. These are further complicated by the rapid socioeconomic changes taking place in modern times.

An analysis of the situation of adolescents is not an easy task as it is the result of biological, psychological and economic pressures. Frequently they are in conflict with the norms of the adult society in which they may be considered as aliens. If one were to generalize about the problems of adolescence, the most glaring ones appear to be those related to sexual and reproductive health, psychosocial difficulties, substance abuse, risk-taking behaviour, oral and nutritional problems, growth and developmental problems, etc. These are of direct concern to the health services but unfortunately adolescents underutilize health care facilities, even when they are readily available.

For a number of years, WHO had indirectly addressed the issues involving adolescence through its various resolutions and meetings especially from 1974 to 1985, which deal with issues such as health education, alcohol abuse, smoking, sexually transmitted diseases and the promotion of responsible parenthood.

Much attention has been directed at various forums to the importance of adolescent reproductive health, mainly with concern for the health of mother and child and the status of women in general. Statements have been made emphasizing the importance of delaying childbearing until maturity. This concern has been a major focus because of the prevalence of problems related to the reproductive health of adolescents in a large number of developing countries.

The WHO study group\(^1\) on young people and health for all by the year 2000 concluded that the challenge for a society was to involve young people in contributing not only to their own health but to that of the society as well. The World Health Assembly selected “the health of youth” for technical discussions in 1989 and the establishment of a programme for adolescent health to begin in 1990 as part of the Eighth General Programme of Work. It is timely to discuss this subject at the Regional Committee, as this will help the Organization to take appropriate steps with respect to the programme.

\(^{1}\)TRS 731, WHO, 1986.
Region would only indicate the possible consequences of the problems prevailing in that particular country. However, though this may not be a reflection for the whole Region it could be considered relevant to countries which may have similar indicators.

3. PROGRAMME OBJECTIVE

It is obvious that there is an urgent need for adequate data collection and for collation of the information so that at least in the health sector more priority could be given to this particular group.

This programme derives from the WHO commitment to support the continuous evolution and adaptation of technologies and approaches for protecting and promoting the health of specific population groups, particularly women of childbearing age, children, young people including adolescents, workers and the elderly. Its primary objective is to improve the health status of adolescents through the continued development of methods to expand knowledge, skills and appropriate interventions for and by adolescents.

4. FUTURE DIRECTIONS

At the national level, it is necessary to continue efforts to adapt appropriate technologies for the promotion of adolescent health and reach as many countries as possible, supporting appropriate measures to meet the special health needs of adolescence.

These technologies and approaches which either exist as elements of different activities or will be developed to address specific identified problems, will call for coordination both within the health sector and with other sectors.

It is hoped that at the country level, collective efforts can be developed in the following four areas:

(a) Biological issues, which include growth and development, medical problems of adolescence, and chronic and disabling conditions as risk factors affecting future health. In this area, it is necessary to explore and develop family support system and health promotion programmes.

(b) Activities relating to risk-taking behaviour, which includes accident proneness, drug and alcohol abuse, delinquency and suicide. It is necessary to support studies concerning the social and other conditions which cause stress. Such studies could identify the characteristics of adolescents who are at risk.

(c) Sexual activities and related problems call for efforts to collect and interpret data, particularly on the problems and consequences of pregnancy, abortion and sexually transmitted diseases. In this area health education and the provision of health care and family support are crucial factors. The introduction in the educational system of a topic such as family life and interpersonal relationships, with the development of programmes and services which are more accessible to adolescents, would provide some preparation for responsible parenthood.
In the Western Pacific Region various efforts have been made in the past which include a meeting on research needs in relation to reproductive health in adolescence in the Western Pacific Region in 1979 and a regional working group on health needs of adolescents in 1980. The latter working group identified four specific areas of concern with respect to adolescence. They are (1) biological issues, namely nutritional requirements and developmental difficulties; (2) risk-taking behaviour, which includes alcohol and drug abuse, accidents, etc.; (3) sexually related problems including teenage pregnancy, abortion, and sexually transmitted diseases; and (4) psychiatric and emotional problems. At that time, the group concluded that our knowledge in various areas was quite limited and there was a need for collaborative research in most of these areas. However, the fact remains that adolescents do not behave as a uniform group and their needs and responses vary from country to country and even within the same country, as well as between younger and older adolescents and between the sexes.

2. SITUATION ANALYSIS

It is only possible to refer to the general issues involved in a situation analysis. The Western Pacific Region does not have specific data that are easily available and what are available are not comparable between countries because of obvious social, cultural and economic differences.

The crucial point is that many of the problems faced by adolescents are highly preventable if given appropriate attention, though this depends on the availability of health resources and the extent of the needs involved. Health problems of adolescence include pre-occius pregnancy, induced abortion and childbearing, drug and alcohol abuse, the ill effects of smoking, accidents and injuries arising from excessive risk-taking habits, suicide, oral and nutritional problems and sexually transmitted diseases. All of these are preventable or at least to some extent controllable.

There has been an enormous increase in the relative and absolute size of the adolescent population and globally 80% of those aged between 10 and 24 live in developing countries.

In most societies, the adolescent period of transition between childhood and adulthood has become longer because of a decrease in the mean age of menarche and an increase in the mean age of marriage. This presents considerable risks in reproductive health as well as social problems and it is not surprising that the major cause of death in the young female adolescent is childbirth. Though there are no adequate data from developing countries it appears that a disproportionate percentage of sexually transmitted diseases occur among young people.

Some of the serious concerns of adolescence stem from the discrepancies between biological and psychological maturity and from economic dependence. Difficult pressure from peers, adults, media and culture tend to influence the behavioural patterns of the adolescent much more than those of the adult.

One of the serious handicaps that is uniformly seen in the developing countries of the Region is the low educational level and the large number of youth not in school. This further complicates the already existing health and social problems of adolescence.

There has been no effort to collect data specifically on the problems facing adolescents in most of the developing countries of the Region. As extrapolation from available data would not be scientifically justifiable, this paper is not attempting to do so. Figures from one country of the
(d) Psychiatric and emotional problems deserve special consideration in this age group. There is a need for collection of data and the development of services at all levels. Family oriented education, counselling and therapy are all possible avenues.

WHO has an important role to play in fostering collaboration which would focus on exchange between countries of experiences and support for research on specific identified problems.

5. CONCLUSIONS

The health-related problems of adolescence are linked not only to physical, emotional and psychosocial needs during the transition from childhood to adulthood but also to reproductive maturation. They are also closely connected to the psychocultural milieu in which the adolescent grows up. No isolated efforts will find a permanent answer to the problems of adolescence. Coordinated activities in various sectors of government and community are required to address these problems. The absolute and relative number of adolescents and the role that they have to play in the future add to the urgent need for such efforts.

National governments should look at the problems facing adolescence, especially the health-related ones, as a priority, and increase their efforts to provide adequately for this age group. Today these efforts may form part of vertical programmes already in existence for different problems of the entire population.

There is an urgent need and scope for epidemiological and behavioural research on the causes and remedies for most of the problems of adolescents in their own particular environment.