

ADOLESCENT HEALTH CARE: INTERNATIONAL INITIATIVES

The promotion of adolescent health has gained priority in recent years throughout the world, for a number of different reasons. Among them is the changing environment in which young people live and the impact this has had on their behavior which, in turn, has implications for health in both the short and long term. The changing nature of health problems calls for new responses from the health sector to promote and protect adolescent health.

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity(1). Adolescents are defined as those in the second decade of life, but we often deal with the population group of 10-24 year olds whom we call "young people" which includes both adolescents and youth (15-24 years) since the dynamic transition which takes place during this period of life has much to do with the socio-cultural conditions in which young people live, as with purely biological aspects such as the onset of puberty.

Changing Conditions

More than 50% of the world is currently below the age of 25, 33% of the world's people—more than one and one half billion, are between the ages of 10 and 24, of whom 80% currently live in developing countries, expected to rise to 85% by the year 2000(2). The world is rapidly urbanizing, especially

in developing countries, with many more young people living in unstructured and impoverished conditions. While in 1950, 29% of the world lived in cities, by the year 2000, it is expected to be 47% (3). The urban population in developing countries will be almost double that of the developed world(4). There has been a trend toward greater school enrolment and greater equality between the sexes; however, the gap between male and female education in developing countries, and between the latter and the economically more developed world, remains high. While, in 1985, in developed countries 85% of adolescent boys and 87% of girls were enrolled in secondary schools, in developing countries the figures were, respectively, 41 and 28%(5). Economic conditions in many countries have deteriorated while the skills needed for employment have become more sophisticated increasing the stress young people experience in their need for education, training and jobs. The explosion of telecommunications across cultures and the increase in travel, tourism and migration also appears to be influencing the behavior of young people, often by providing negative models, pressures and opportunities for sexual encounters and the use of harmful substances. The family is in noticeable decline, the prevalence of the extended multi-generational family of traditional societies giving way through the nuclear to, increasingly, single parent families and no-parent families of street children. Estimates suggest that there are 40 million "street children" in Latin America, 25-30 million in Asia and 10 million in Africa(6). At the individual level, puberty is generally beginning earlier (although it has reached a plateau in some

industrialized countries and is being delayed in the poorest), while, the mean age of marriage is rising.

These many factors in combination are having an impact on young people's behavior and society's treatment of them, with important consequences for their own psychological, physical and social health and well-being, their future health and longevity and that of the children born to them. However, while many are experiencing difficulties, it should also be noted that the majority of young people are healthier and less vulnerable than the very young or very old, that they are at a time of life of great energy, creativity and enthusiasm, and that given the right degree of support and opportunity they are a great resource for the present and future of all societies.

New Health Problems

The health of adolescents is particularly dependent on their own behavior, which is, in turn, heavily influenced by the environment in which they live. Many of the health problems of adults, arise from behavior begun in adolescence including the use of tobacco, alcohol or other drugs which variously have long term consequences of increased risks of cancers, cardio-vascular, respiratory and liver diseases(7). The use of alcohol and other drugs impairs judgment, heightens immediate risks of accidental and intentional injury including suicide and homicide, and increases the risk of needle sharing in the case of drug abuse leading to HIV infection and AIDS, and uninhibited sexual behaviors. The problems which arise from too early marriage and childbearing which still predominate in many traditional societies and put at risk the life and health of both child and mother(8). In addition however, unprotected sexual relations in adolescence have increased everywhere and brings with

it dangers of too early or unwanted pregnancy, induced abortion often in hazardous conditions, sexually transmitted diseases (STD), and HIV infection resulting in AIDS. While significant progress in public health to reduce many passively acquired infections has been made through cleaner water, sanitation and immunization, (although there is some backsliding owing to deteriorating economic conditions) behavioral issues are becoming more widely recognized as the key to health. At the same time it is clear that many of the behavior patterns that influence health have their origin in adolescence, one of the reasons why this period of life is now receiving greater attention from the health community. Those behaviors, however, are highly social in nature—sexual relations between two individuals most commonly begin in adolescence, the use of tobacco, alcohol and other drugs rarely begins as a solitary activity but rather in a social setting, much risk taking in adolescence is done with the expectation of peer approval, the choice of food especially among adolescent girls will be linked to how they will look to others.

Obstacles to Adolescent Health

While much of the health of young people, both in the short and long term, depend on their own behavior, how they act is strongly influenced by other factors in society—including their families, mass media communication, their peers, and the other adults with whom they interact. The extent to which a young person will ask for help from anyone—health workers, school teachers, counsellors, the police, *etc.*, will be heavily dependent on how they expect to be received. Unfortunately, there are considerable obstacles in the way of young people receiving adequate care including an inadequate level of understanding of their own health needs; a lack of training among health providers

resulting in negative attitudes toward adolescents and insufficient interpersonal communication skills in working with young people; the fact that most services are designed for either adults or children and are often quite inaccessible to adolescents; and the lack of coherence in policy and legislation⁽⁹⁾ regarding whether and how information and services can be provided to adolescents (especially the unmarried) including obstacles to confidentiality and consent. In brief, the obstacles include:

(1) *Lack of knowledge and skills*: A lack, among adolescents of sound knowledge about adolescent maturation, especially sexuality, the consequences of risk behaviors and how to protect against them, and information about what services exist and how to use them.

(2) *Lack of services designed to meet the special needs of young people* especially in regard to confidentiality, privacy, accessible hours, low cost, and personalized services.

(3) *A lack of training among health workers* and those in related sectors in the understanding of adolescent sexuality and development, and in interpersonal communication skills with the young.

(4) *A lack of coherent policies* across sectors which deal consistently with the different consensual, legal and accessibility requirements of the young population to information, education, guidance, counselling and clinical services in relation to the prevention of pregnancy and childbirth.

The Role of the Health Sector

The health sector has a primary responsibility toward meeting the needs of young people's health even though there are multiple determinants of adolescent health, not all of which need or can be dealt with directly

by health workers. While there is growing recognition of the importance of adolescent medicine as an important sub-speciality, represented by such organizations as the Society for Adolescent Medicine (SAM); there is also an awareness, shared by those in adolescent medicine, of the importance of adolescent health as a multidisciplinary field as represented by such bodies as the International Association for Adolescent Health (IAAH). The health sector has a number of different roles to play. These include:

A. Service Provision

(I) *Prevention not only Cure*

Perhaps the foremost of the tasks of the health sector is the provision of health services. While health services exist in all societies, those designed to meet the particular needs of adolescents are uncommon, although there is increasing recognition of the need for them. However, health services often focus on 'curative' rather than preventive aspects, for a number of different reasons. Sometimes because an adolescent who comes voluntarily (or is sent) for help will only appear after the problem has become physically manifest. Young people are often deterred from the timely use of health services because of the fear of negative attitudes by those providing them, especially on sensitive topics such as pregnancy outside of marriage, contraception, abortion or sexually transmitted diseases. You can judge for yourselves whether such fears are justified, but our extensive work with youth organizations strongly indicates that such anxiety is widespread. Another reason, opportunity for preventive care is lost, is that those who refer adolescents for health care, or provide help themselves, whether in health, education, youth, social services, community, sports or other relevant sectors, are often

not fully aware of the importance of early intervention to prevent problem behavior from becoming more damaging, or don't recognize health services as being appropriate places to prevent such problems as tobacco, alcohol or drug use. A third reason for emphasis on the curative role of the health worker is that he or she does not feel adequately skilled or knowledgeable to meet the needs of the young person effectively on such subjects as sexuality, for example. Or they may consider that to be the task of others—family, teachers, or religious figures. For these reasons among others, the opportunity to provide preventive care to adolescents is often lost. There are many examples of projects which aim to promote healthy development throughout the world(11) but they are rarely programmatic in nature. For health services, the setting is very important.

(2) Health Services

In a few countries overall health services designed specifically for young people have been provided, albeit usually only in a few cities, although there is a trend toward more widespread adolescent health programming, as in Costa Rica, *e.g.*, the most successful services include a multidisciplinary approach for adolescents, usually embedded within a broader health service, although occasionally in a service exclusively for adolescents. This will include both in- and outpatient facilities, and an outreach programme for those who do not present at the health service, thus covering the full range from primary through tertiary care. The multiple disciplines include those who can deal with both biomedical and psychosocial difficulties. Such services require considerable resources but provide the most comprehensive approach to adolescent health care. A less costly alternative is to modify services in order to make them more accessible and useful for

adolescents. These modifications may include special hours for young people, widely advertised with an emphasis on overall health, rather than specific health problems, and, most importantly, some staff trained to meet adolescent needs in a sympathetic, non-judgmental and confidential manner. Training is essential for the staff who will participate in this effort not only in special biomedical aspects of adolescent maturation and health but in interpersonal communication skills in dealing with young people, WHO has developed a special module for training in counselling skills particularly in relation to adolescent sexuality(11). To achieve an effective modification of a service requires evaluation of what works best for young people, and for this purpose the clients themselves must be involved. WHO has a particular method for such purposes called the User/System Evaluation technique(12).

(3) The School

School health services provide the greatest possibility for direct contact with most young people, at least in early adolescence in many countries. In this setting abnormalities of growth and development, sensory disorders or minimal brain damage may first be detected. Malnutrition, oral health problems, disabilities can be noted and measures taken. The school setting can be used to reach young adolescents for regular screening and primary health care. Where counselling services have been introduced to help (rather than to punish) youngsters, considerable help can be provided to prevent the onset of problems in sexual relations and interrelated behavioral problems such as substance abuse, if dealt with early enough. Training for counselling is, however, extremely important(11). In some settings school based clinics with counselling have proved effective, but referral remains a less

costly option if such services are available outside the school. However, the school setting brings some disadvantages with it too. Young people are often very reluctant to raise issues which are highly personal in nature, and issues for which they feel they may be censured, such as those which surround the burgeoning sexuality of the adolescent. It is also the case that a large majority of adolescents in much of the developing world leave school just as those needs are beginning to manifest. However, even apart from health services, the school can provide a healthy and safe environment, and education for health.

(4) The Youth Sector

A promising approach to reach young people outside of both the school and the formal health service setting, is through youth organizations or centres which incorporate a health component. This makes it easier for an adolescent to use the service with least risk of revealing that he or she is there because they have a 'problem', and enabling them to learn more about what kind of help might be available without having stigma attached to them. One of the most important roles of youth organizations, of which there are many examples throughout the world, is promoting the healthy development of young people and facilitating open communication between young people and adults. Examples of this are to be found in the affiliates of major international non-governmental youth serving organizations such as the World Organization of the Scout Movement, the World Assembly of Youth, the World Alliance of Young Women's Christian Associations, the International Federation. But there are many more at the local level which serve youth and involve them in constructive activities, and sometimes, but

not very often, provide a health service within their activities. Nevertheless, there is enormous untapped potential for greater utilization of the young NGO community for this purpose.

(5) Linkages

The key to promoting adolescent health, in the absence of major resources, is linkage. That means not only linkage between services, but also between the information and educational activities directed to youth, often called "IEC", and health services wherever they are to be found. Unfortunately this is more the exception than the rule. As noted earlier, the problems which arise from unprotected sexual relations are multiple, but the services which deal with them are segregated. Better linkage is urgently needed across services which deal with STD, maternal and child health care, and family planning. An adolescent who needs one service, needs, in fact, all three. A low cost initiative which links the three services at local level could be initiated to make it easier for adolescents to benefit from preventive as well as curative approaches. A great deal of publicity has been given, in some societies, to problems of unwanted pregnancy and to AIDS. Young people are often the recipient of "messages" directed to their behavior and warning about the dire consequences of not avoiding these problems. But it is rather rare for such "messages" to be accompanied by specific information useful to adolescents such as where to purchase a condom, how much will it cost, and how to use one; or where can they go to find a service which will help them with contraception, what will they face when they get there, how much will it cost, will it be confidential, *etc.* Instilling fear in young people without helping them take effective action is damaging, and in my view, immoral.

B. Research

In addition to service provision, the health sector also has an important role to play in research to acquire sound technical knowledge about adolescent health and development, and providing such information to those who need it in all relevant sectors. Both quantitative, and qualitative research is needed in biomedical, but especially psychosocial aspects of adolescent health and development. This research needs to focus not only on adolescents as individuals, but on the interactions which take place between them and other young people, and between them and adults including those who work in health services. Some aspects of adolescent health and development are universal, but how healthy development is expressed is more culture-specific, and research needs to reflect that. For such research to be meaningful, young people themselves have an important role to play. There are a wide variety of techniques which minimally involve collecting their questions, to more direct involvement in the design of instruments for research. WHO has developed one such method called the "The Narrative Research Method"(13) which involves the development of storylines in a workshop setting through role play, which is converted into questionnaire form and taken into the field by youth organizations for validation by other young people in order to establish the prevalent prototypical patterns of behavior.

C. Training

Another important role of the health sector is training-not only in clinical techniques through all levels of care, but also in the techniques of care which include effective communication with young people with emphasis on listening behavior. To achieve this, may often mean further training for some health service providers, and

some degree of sensitization to adolescent health needs for those who manage service.(11). The health sector through closer linkages with education, youth, labor, social welfare and criminal justice, sectors, and with the military where there is universal conscription, has an important role to play in providing sound knowledge to the workers in those domains. Young people will turn to adults they trust, regardless of discipline, so that the more widespread is basic knowledge about adolescent health and development, the more likely will they get help in the early stages of their needs, before problems fully develop and help may be difficult, costly and uncertain.

D. Information

A fourth responsibility is to help the adolescent make best use of existing services which means not only spreading the word about what services exist through channels which reach young people but also to give them practical ideas about how and when to use services and what to expect when they do. Parents who use health services are the most natural source of information but they must be helped to recognize the importance of confidentiality to young people if services are to be used in a timely way. There are also many youth organizations interested in such a task and they will make natural partners in accomplishing it. Other successful approaches include the use of the magazines and the mass media, or telephone hot lines, to increase access to services.

E. Evaluation

A fifth responsibility is for the evaluation of health services which do exist in order to measure the degree to which they are reaching young people in need, and their effectiveness when they do reach them. For this to happen, it is crucial that young people

are involved in the evaluation process. WHO has adapted a simple evaluation technique, 'The User/System Interaction Method'(12), which takes information on the same questions about the subjective perceptions of the young person from both users and providers of services for immediate feedback to the providers.

F. Advocacy

Finally, I believe the health sector has a vital responsibility to keep policy makers informed not only of the status of health of young people, but the consequences if their health is not protected. This is not an easy task, either technically or politically since the health of young people is not a matter for the health sector alone, but depends very much on intersectoral cooperation at all levels.

Now, certainly in most developing countries the health sector is stretched thin and dealing with the kinds of responsibilities outlined above may be seen as too much of a burden to take on when other needs appear more pressing. However, it is clear, that unless direct measures are taken to strengthen and make more attractive services for preventive purposes, the cost to the present generation and the future society is likely to be far greater than we are all willing to pay. The spread of sexually transmitted diseases among the young, including HIV infection and AIDS, the tragedies of unwanted pregnancies ending in botched abortions or abandoned babies, the long term damage arising from tobacco use, and the short and long term damage arising from alcohol and drugs including accidents and violence-are all preventable. Responsibility cannot be borne by the health sector alone since the conditions in which a young person lives, the opportunities available, the sup-

port provided from other sources, and the choices he or she makes, are influenced by many other factors, but the health sector has unique responsibilities to capacitate others and itself to reach the young effectively. The experience of the WHO Adolescent Health Programme has been heartening, for we have found through our work within all regions, that when young people are treated with respect, are listened to, and are given clear information in accordance with their needs, they not only act in ways which promote their own health but are eager, willing and able to help others. A consensus is building on the principles of success in effective action with young people to promote their health and development(14). Young people remain our greatest resource, and I believe, with some new thinking, but with the time honoured dedication of the health sector progress can be made in all societies to help the young realize their full potential to the benefit of all.

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