

Recommendations on Arresting Global Health Challenges Facing Adolescents and Young Adults

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Abstract

BACKGROUND The health challenges faced by young people are more complex than adults and can compromise their full growth and development. Attention must be paid to the health of this age group, yet adolescents and youth remain largely invisible and often disappear from the major global datasets.

OBJECTIVE The aim of this paper is to discuss the global health challenges faced by adolescents and youth, global legislations and guidelines pertaining to this particular age group, recommendations to arrest these challenges, and research priorities.

RESULTS Major direct and indirect global health risks faced by adolescents include early pregnancy and childbirth, femicide, honor killing, female genital mutilation, nutritional habits and choices, social media, and peer pressure. There are no standard legal age cut-offs for adulthood; rather, the age varies for different activities, such as age of consent or the minimum age that young people can legally work, leave school, drive, buy alcohol, marry, be held accountable for criminal action, and make medical decisions. This reflects the fact that the existing systems and structures are focused on either children or adults, with very few investments and interventions directed specifically to young people. Existing legislation and guidelines need transformation to bring about a specific focus on adolescents in the domains of substance use and sexual behaviors, and the capacity for adolescent learning should be exploited through graduated legal and policy frameworks.

CONCLUSION Sustainable development goals provide an opportunity to target this neglected and vulnerable age group. A multisectoral approach is needed to bring about healthy change and address the challenges faced by adolescents and youth, from modifications at a broader legislative and policy level to ground-level (community-level) implementations.

KEY WORDS adolescent, challenges, global health, young adults, youth.

BACKGROUND

The term adolescence, as literature suggests, is an indenture of culture and it varies across settings and regions. However, it is important to recognize that adolescence (10-19 years of age) is a “gateway,” and period of youth (15-24 years of age) is a “pathway” to adult life.¹ The health challenges faced by young people are more complex than adults and can com-

promise their full growth and development. Health care behaviors such as alcohol or tobacco use, lack of physical activity, unprotected sex, or exposure to violence can endanger not only the adolescents’ health but their offspring’s health, as well. Attention must be paid to the health of adolescents and youth, yet this age group remains largely invisible and often disappears from major global data sets as a result of inappropriate or convenience clustering, and their data

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Table 1. Interventions to overcome health risks to adolescents

Health Risks	Interventions	Settings
Early Pregnancy and Childbirth	<ul style="list-style-type: none"> • School attendance improvement • Sexual and reproductive health education • Sexual health counseling • Contraceptive provision 	<ul style="list-style-type: none"> • School level • Community level
Female Genital Mutilation	<ul style="list-style-type: none"> • Community mobilization and awareness • Female empowerment strategies 	<ul style="list-style-type: none"> • School level • Community level
Food Insecurity (Micronutrient Deficiency and Malnutrition)	<ul style="list-style-type: none"> • Nutrition education and counseling • Provision of healthy and nutritious food 	<ul style="list-style-type: none"> • School level • Community level
Femicide	<ul style="list-style-type: none"> • Interventions to prevent intimate partner violence • Improving literacy and awareness 	<ul style="list-style-type: none"> • School level • Community level • National level
Peer Pressure	<ul style="list-style-type: none"> • Targeted group-based interventions and cognitive behavioral therapy 	<ul style="list-style-type: none"> • School level
Social Marketing and Media	<ul style="list-style-type: none"> • Community-based creative activities for behavioral changes, self-confidence, self-esteem, levels of knowledge, and physical activity • Legislative changes 	<ul style="list-style-type: none"> • Community level • Country level • International level
Urbanization	<ul style="list-style-type: none"> • Improve awareness to differentiate healthy and unhealthy food 	<ul style="list-style-type: none"> • School level • Community level • Country level • International level

are often merged with that of younger children or with adults.

The leading cause of death in 2013 for males aged 10–24 years was road injuries, and the leading cause of death for females aged 10–24 years was HIV/AIDS; for both these groups self-harm was the second leading cause. The leading causes of death among males aged 10–14 was road injuries, HIV/AIDS, and drowning; 15–19 years of age and 20–24 years of age was transport injuries in 2013. These are the top causes of deaths among female 10–14 years of age, self-harm, road injuries, and HIV/AIDS were the leading causes of death for females aged 15–19 years, and self-harm, road injuries, and tuberculosis were the leading causes for ages 20–24 years in 2013 (Table 1).²

Young people are often neglected and little attention has been paid to inequalities such as age, ethnicity, gender, place of residence, disability, and socioeconomic status. Health inequalities during this phase translate into health problems in the adult years. Gender has its own implications for health; boys tend to engage more in externalizing behaviors, such as drinking or fighting, while girls tend to internalize emotions and manifest psychosomatic symptoms.³ Gender differences in adolescence increase for some health behaviors such as attempts to lose weight and psychosomatic complaints.⁴ Similarly, socioeconomic inequalities may restrict healthy behaviors such as consuming fruits and vegetables and participat-

ing in membership-based physical activity. Therefore, young people in less-affluent settings are more vulnerable to poorer health outcomes. Evidence suggests that family and peer support buffer them against the adverse consequences of several negative influences. Young people who report healthy communication with their parents are less likely to report negative health outcomes⁵ and fewer physical and psychological complaints.⁶ Similarly, peer relationships and friendships are crucial in developing social skills and self-esteem, and establishing autonomy; they can also influence negative behaviors such as smoking and drinking. Figure 1 depicts the individual and general risk factors through the life cycle perspective that can have implications at any stage of the life cycle. The various stages of the life cycle are not independent of each other, and impacts early in life are carried to the next stage of life; some can also have intergenerational effects.

The aim of this paper is to discuss the global health challenges faced by adolescents and youth, global legislation and guidelines pertaining to this particular age group, recommendations to arrest these challenges, and research priorities.

GLOBAL HEALTH CHALLENGES

Major global health risks and counterinterventions are summarized in Table 1.

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