Gaps in Knowledge on Adolescent Health

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Adolescent Health
Percent of population 10 – 19 yrs. old

Blum, 2005
Adolescent Health

**Similarities: leading causes of death**

In all regions of the world, the five leading causes of death among young people (in various orders, depending on the region) include:

- unintentional injuries
- AIDS
- other infectious diseases
- homicide, war and other intentional injuries
- suicide and self-inflicted injuries
Adolescent Health
Similarities: Development

- childhood
  - knowledge
  - skills
  - body development

- adolescence
  - reproduction
  - family
  - education

- adulthood
Adolescent Health
Similarities: developmental tasks

- independence
- body image
- sexuality
- relations
- career goals
- cognitive development
Adolescent Health

Adolescence – general remarks

- Adolescence is a critical formative life stage
  - major changes: biologic, cognitive, psychological, psychosexual and social level.
- Adolescence: different and even discontinuous from childhood (Jessor)
- New cognitive abilities allow for the development of personal identity.
- Adolescents try to establish an emotional and psychological independence from parental figures; they may transfer these feelings and attitudes to other adults such as teachers or health care providers.
Adolescents are different and unique, even though often strongly tied to a family or social system. Try on different roles and analyze merit of divergent point of view.

- They tend to change and are more unpredictable.
- This also means that they take risks, to see what their limits are.
Using formal operations, adolescents …
- think about thinking
- about their own thinking
- about thinking of others
- assume that others are thinking about what they are thinking about
- construct an imaginary audience, a belief that everyone is watching them and interested in their thoughts and actions (Elkind)

Adolescents see themselves as invulnerable
The need to conform to peers increases in early adolescence and decreases after middle adolescence.

Peer influence is not uniform and the influence on problem behavior is unclear (Ingersoll).

Puberty brings a new dimension to psychosexual development.

Adolescents are confronted with sexual desires and their preferences, even in cultures where they cannot express these feelings.
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Developmental tasks

- independence
- body image
- sexuality
- relations
- career goals
- cognitive development
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Stages of development

- Early Adolescence: 10 - 13 yrs.
- Mid Adolescence: 14 - 16 yrs.
- Late Adolescence: 17+ yrs.
Rapid acceleration of growth
Reassessment of body image, uncertainty about appearance
Adaptation to emerging sexuality and sexual feelings
Increased self-interest and fantasy
Unrealistic goals
Mood swings, need for privacy
Lack of impulse control
Less interest in parental activities, testing authority
Acceptance by peers: not being viewed as different
Strong emotional feelings toward peers, mostly same sex
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Mid Adolescence

- Nearly completed pubertal growth
- More time spent with peers and intense involvement
- Conformity with peer values (reactions to peer pressure varied)
- Dating with opposite sex
- Increased cognitive ability, new thinking skills
- Ability to examine feelings of others
- Omnipotence
- Desire to establish emotional and psychological distance from parents
Adolescent Health
Late Adolescence

- Relationship could be more intimate with one person
- Sense of perspective, ability to delay, compromise
- Preparation to adult roles
- Internalizing a personal value system
### Adolescent Health

#### Developmental Tasks (summary)

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### Adolescent Health

#### Reproductive health

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Age of sexual debut - females

% 20-24 had sex

- By age 18
- By age 20

Eastern/Southern Africa
Western/Middle Africa
Caribbean/Central America
South America
United States

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Adolescent Health
Age of sexual debut - males

- **By age 18**
- **By age 20**

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Consequences: STIs - HIV
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STI – reasons for not getting treatment

- Lack of knowledge of symptoms
- STI treatment a low priority
- Do not know where to go for treatment
- Do not have the skills needed to express a sexual health problem
- Fear of examination

- Fear of parents and other adults finding out (issue of consent and confidentiality)

WHO, 2004
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Consequences: HIV / AIDS

Estimated percentage of people on antiretroviral therapy among those in need, situation as of December 2004

Coverage (%)
- 75-100
- 50-74.9
- 25-49.9
- 10-24.9
- Less than 10
- Data not available

WHO, 2004
Adolescent Health

Use of Contraceptives

- Ages 15-19
- Ages 20-24

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STI – reasons for not getting treatment

- Long distances to clinics or lack of transport (money!)
- Inconvenient opening times for adolescents (e.g. clinic closed after school)
- Legal/policy restrictions (e.g. parental consent; need to bring partner)
- Unfriendly/judgmental providers
- High cost of treatment
- Drug shortages

WHO, 2004
Adolescent Health
Consequences: maternal mortality

By subregion, 1995 – deaths per 100,000 live births
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Health-threatening Behaviors and Conditions

- 3 developmental routes (D. Offer, longitudinal studies):
  - 25%, continuous development: smooth, well-adjusted functioning
  - 34%, surgent development: good adaptation but with stressful events, experienced distress for some time
  - 21%, tumultuous development

- Different behaviors and conditions can have an impact on health and vaccination during adolescence:
  - substance use or abuse
  - emerging sexual behaviors
  - eating disorders and obesity
  - sexual aggression
The impact of these conditions and diseases on vaccination is multiple, both positive and negative.

Impact on:
- access to vaccination
- perception of vaccination
- timing of vaccination
- surveillance
- safety or efficacy of vaccination in certain conditions or with certain treatment

It is the combined effect or confrontation of adolescence with these diseases and conditions that create an impact on vaccination.
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Development - Influence on Immunization

- Puberty (variable onset)
- Autonomy seeking (can say no to a vaccine, more difficult to drag them to a visit to health care facility)
- Identity
- Cognitive changes (concrete thinking vs. formal operation: analyze a situation and argue..., the value of vaccination)
- Intimacy-body image (fear of intrusion)
- Omnipotency-selfcentered (nothing will happen to them)
- Peer influence
- Social integration (conformity)
- Laws
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Conclusions (1): facts about adolescents

- Adolescents represent a positive force in society, now and for the future.
- They face dangers more complex than previous generations faced, and often with less support.
- Health services play a specific role in preventing health problems and responding to them.
- Adolescents have different needs according to their stage of development and their personal circumstances.
- Some adolescents are especially vulnerable or hard to reach, and are in extra need for support.

WHO, 2004
Adolescent Health
Conclusions (2): what do young people need?

- A safe and supportive environment that offers protection and opportunities for development,
- Information and skills to understand and interact with the world.
- Health services and counseling – to address their health problems and deal with personal difficulties.
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Conclusions (3): youth friendly services

- There is no single “fixed menu” suitable for every country. Each country must develop its own package, according to economic, epidemiological and social circumstances.
- Health care providers cannot meet all these needs alone. They can join or create networks that act together and maximize resources.
- A package of basic health services must be tailored to local needs, including growth and development monitoring and immunization.
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Conclusions (4): family and programs

- Role of parents
- Programs will need to adapt …
  - to the reality of the adolescent age group
  - to the specific context where diseases and medico-psychosocial conditions are confronted with adolescent characteristics and development
- Programs will need to count on the strengths and creativity of adolescents
Gaps in Knowledge on Adolescent Health

Thank you!