



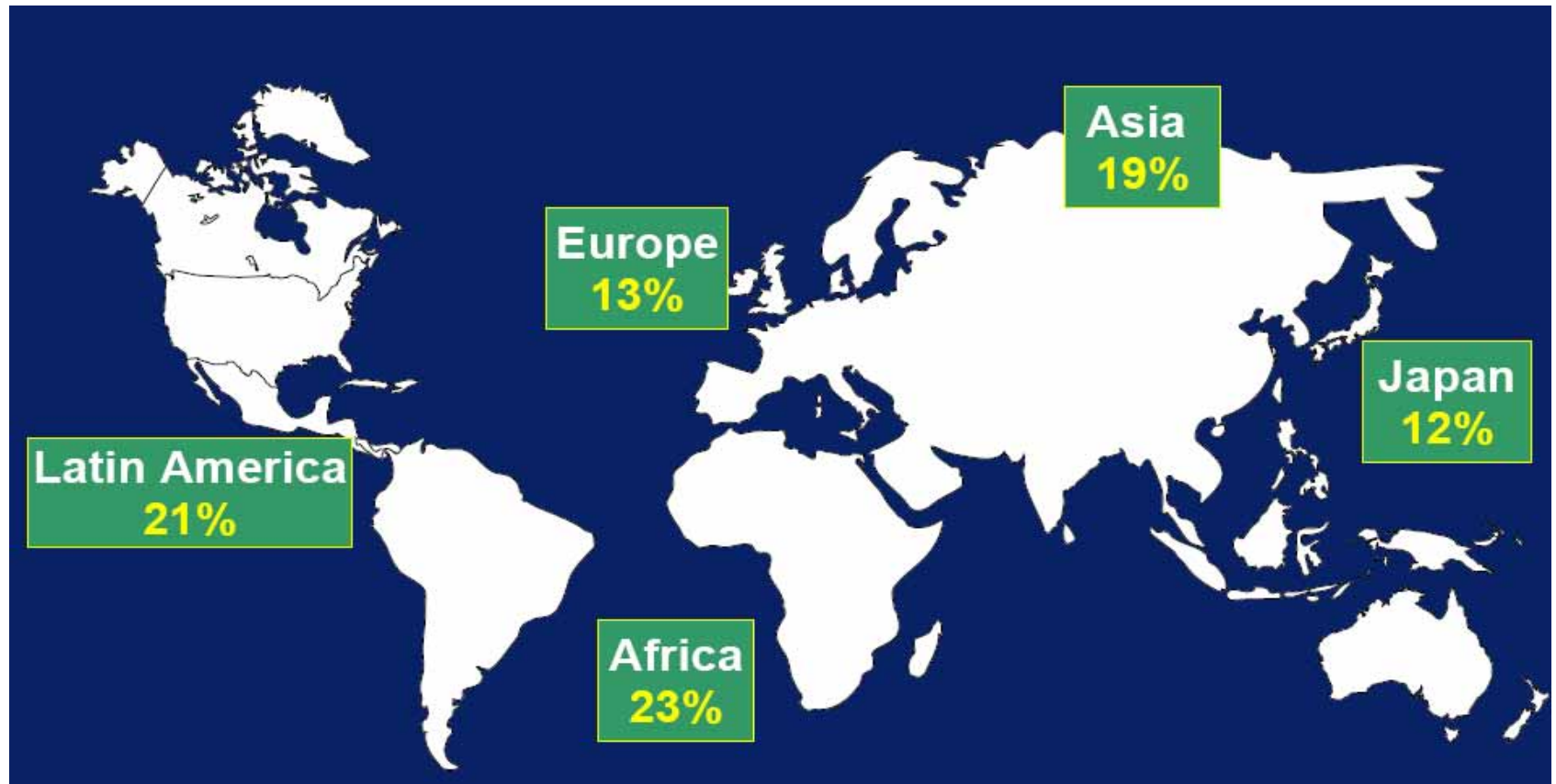
Gaps in Knowledge on Adolescent Health



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Adolescent Health Percent of population 10 – 19 yrs. old





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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:

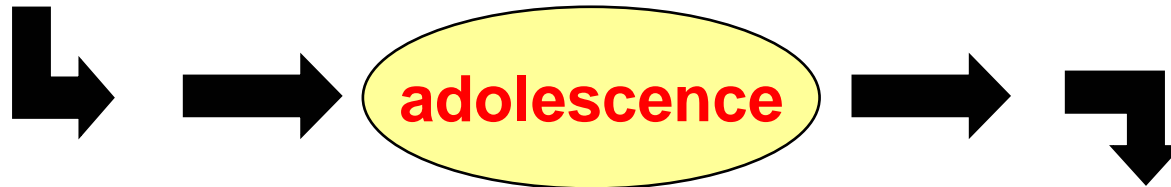
- unintentional injuries
- AIDS
- other infectious diseases
- homicide, war and other intentional injuries
- suicide and self-inflicted injuries



Adolescent Health Similarities: Development

childhood

- knowledge
- skills
- body development



- reproduction
- family
- education

adulthood



Adolescent Health

Similarities: developmental tasks

- **independence**
- **body image**
- **sexuality**
- **relations**
- **career goals**
- **cognitive development**



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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.



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Adolescence – general remarks (2)

- 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.



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Adolescence – general remarks (3)

- 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



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Adolescence – general remarks (4)

- 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.



Adolescent Health Developmental tasks

- **independence**
- **body image**
- **sexuality**
- **relations**
- **career goals**
- **cognitive development**



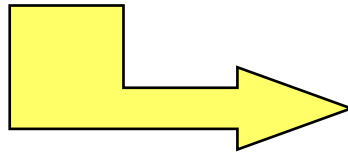
Adolescent Health Stages of development

early adolescence

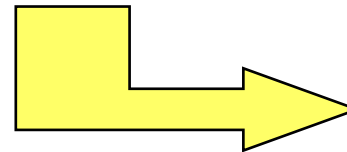
mid adolescence

late adolescence

10 - 13 yrs.



14 - 16 yrs.



17+ yrs.



Adolescent Health Early Adolescence

- 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



Adolescent Health 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)

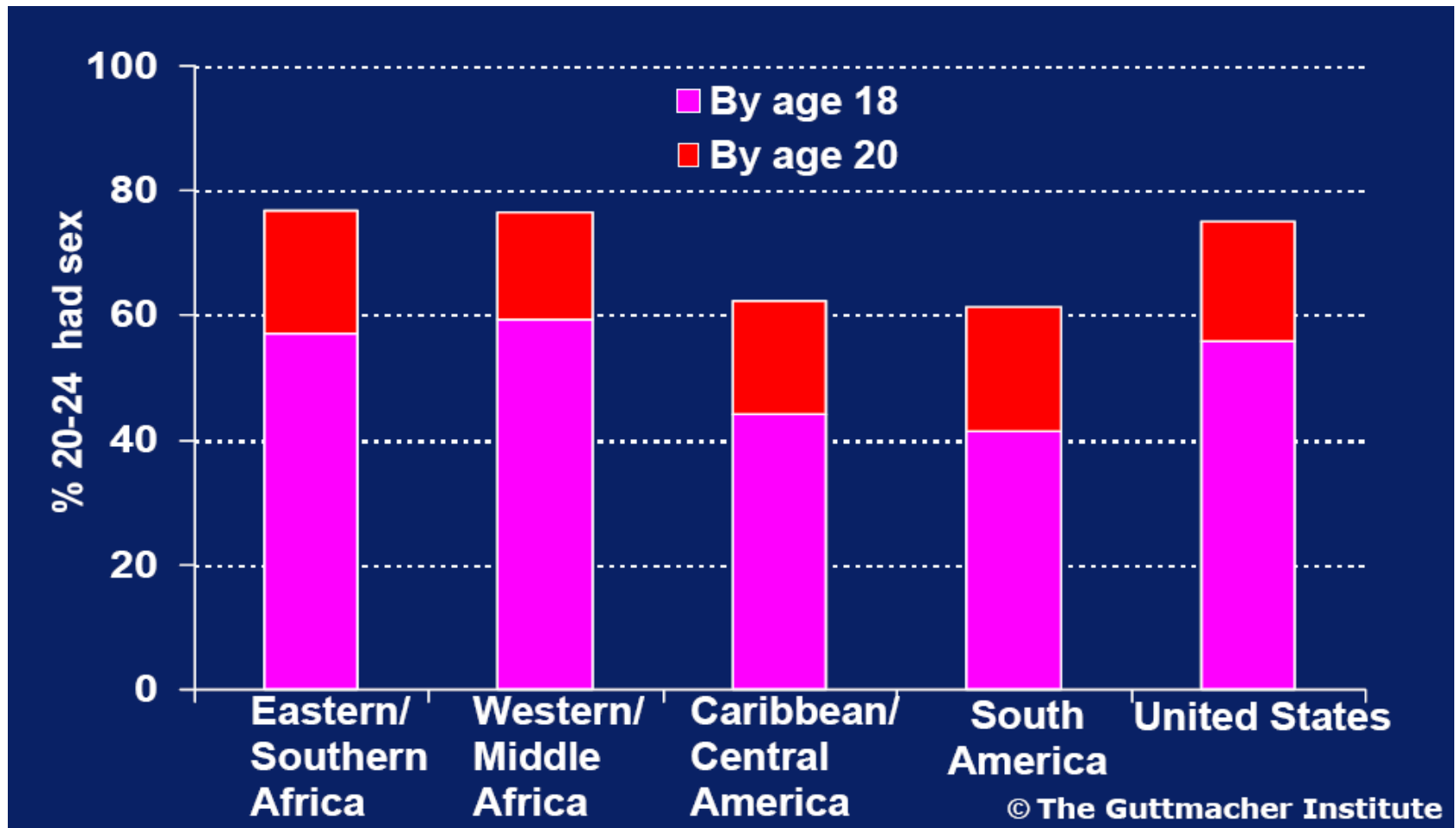
	early adolescence	mid-adolescence	late adolescence
independence	emotional break	ambivalence	own identity
body image	adj. to changes	„trying on“	integration
sexuality	masturbation	experiments	caring, intimacy
relations	peer group	peer group	individuality
career plans	unrealistic plans	concrete plans	reaching goals
cognitive devel.	concrete thoughts		abstract thoughts



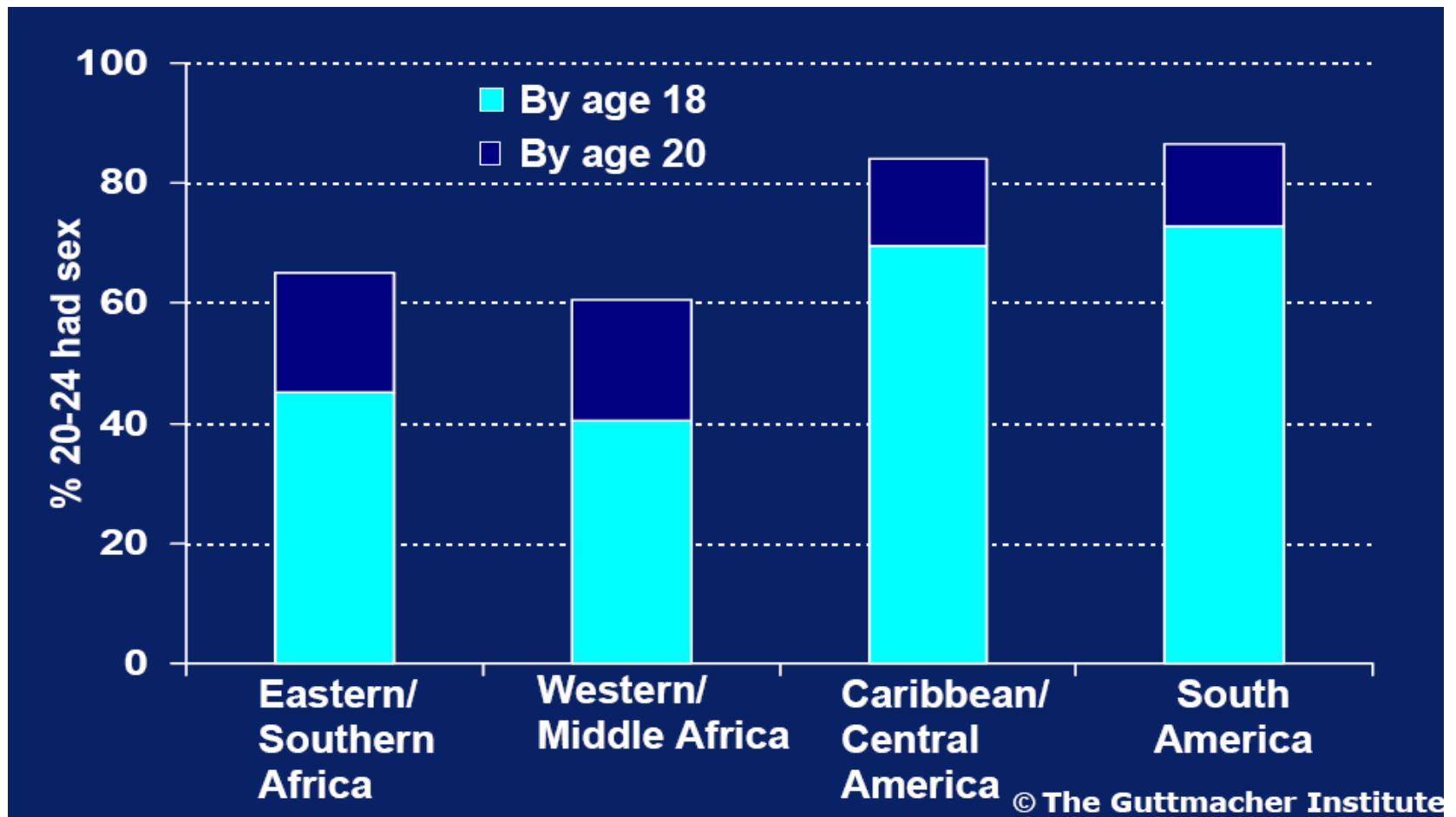
Adolescent Health Reproductive health

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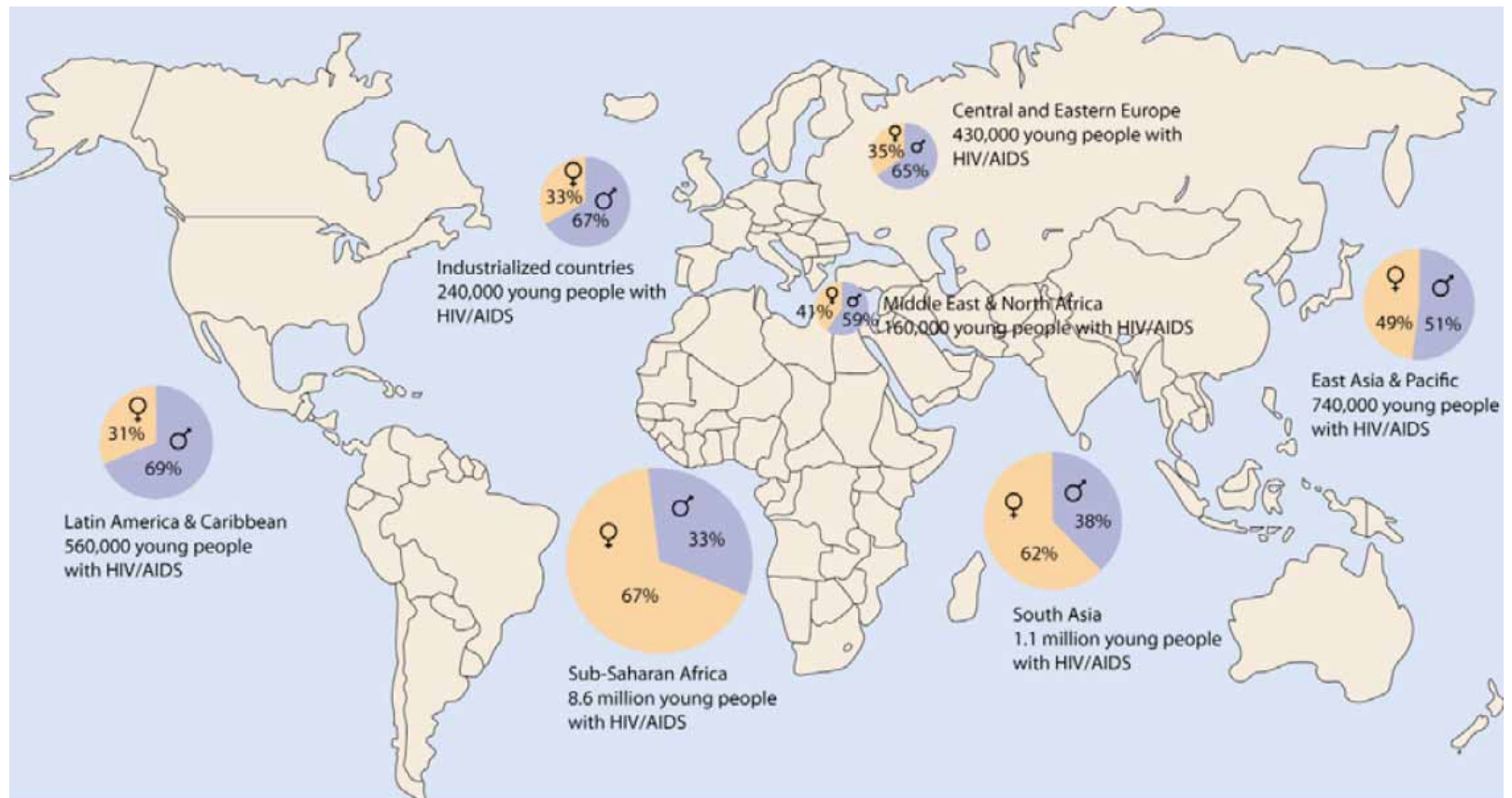
Adolescent Health Age of sexual debut - females



Adolescent Health Age of sexual debut - males



Adolescent Health Consequences: STIs - HIV





Adolescent Health

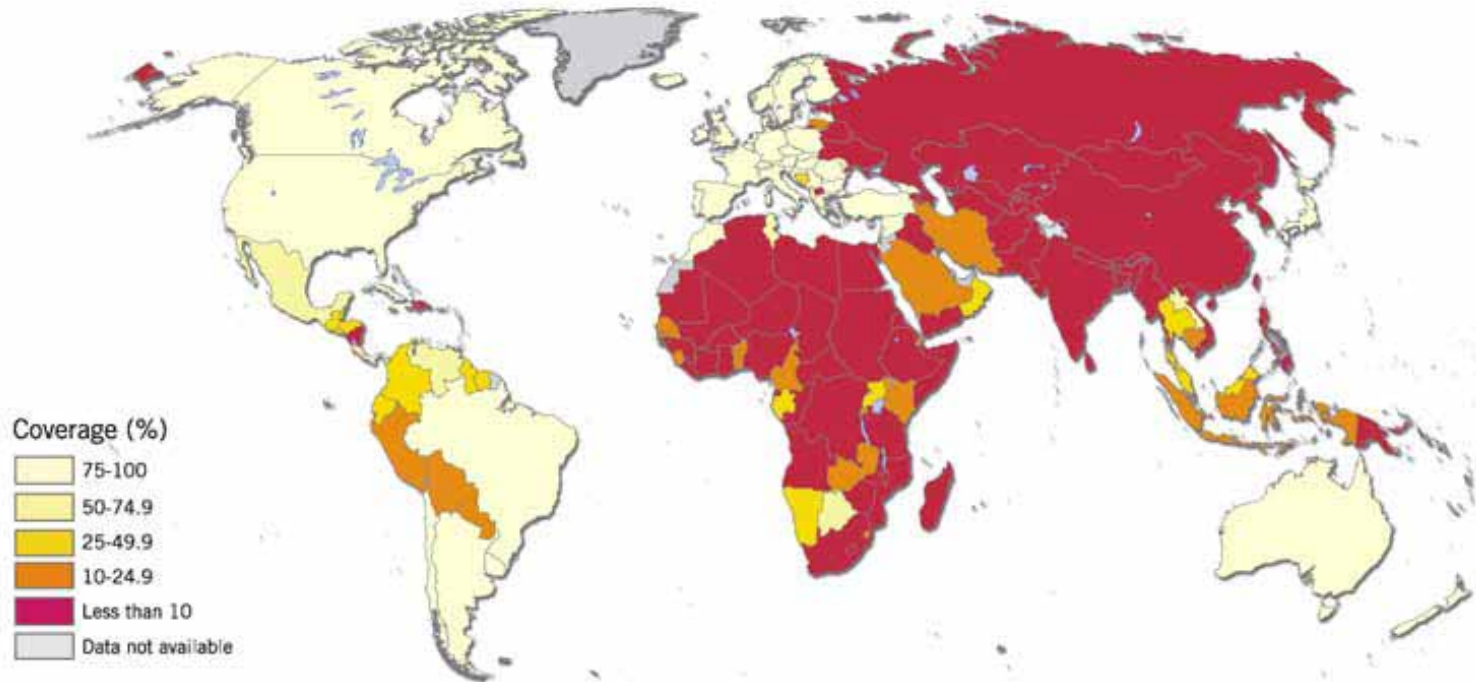
STI – reasons for not getting treatment

- 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)

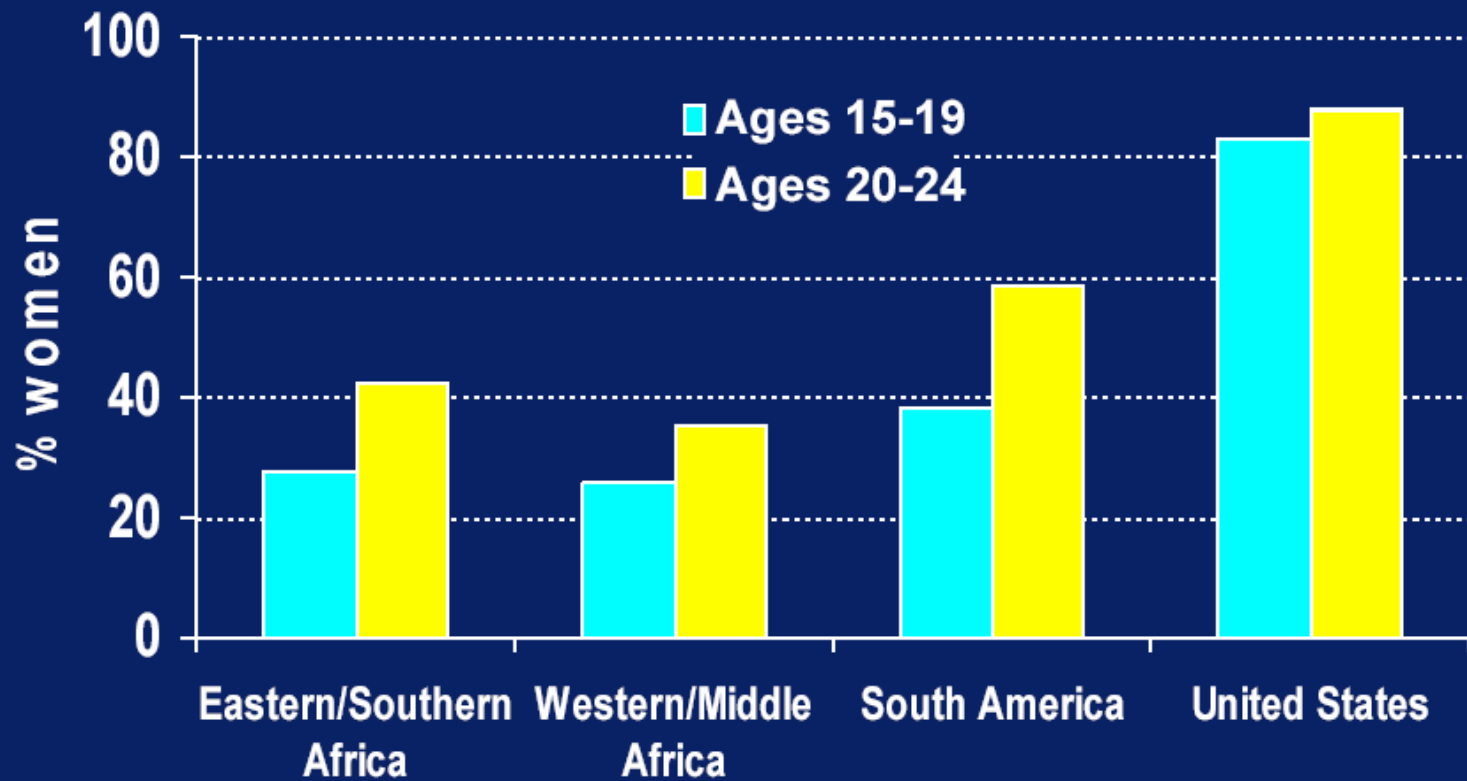


Adolescent Health Consequences: HIV / AIDS

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



Adolescent Health Use of Contraceptives



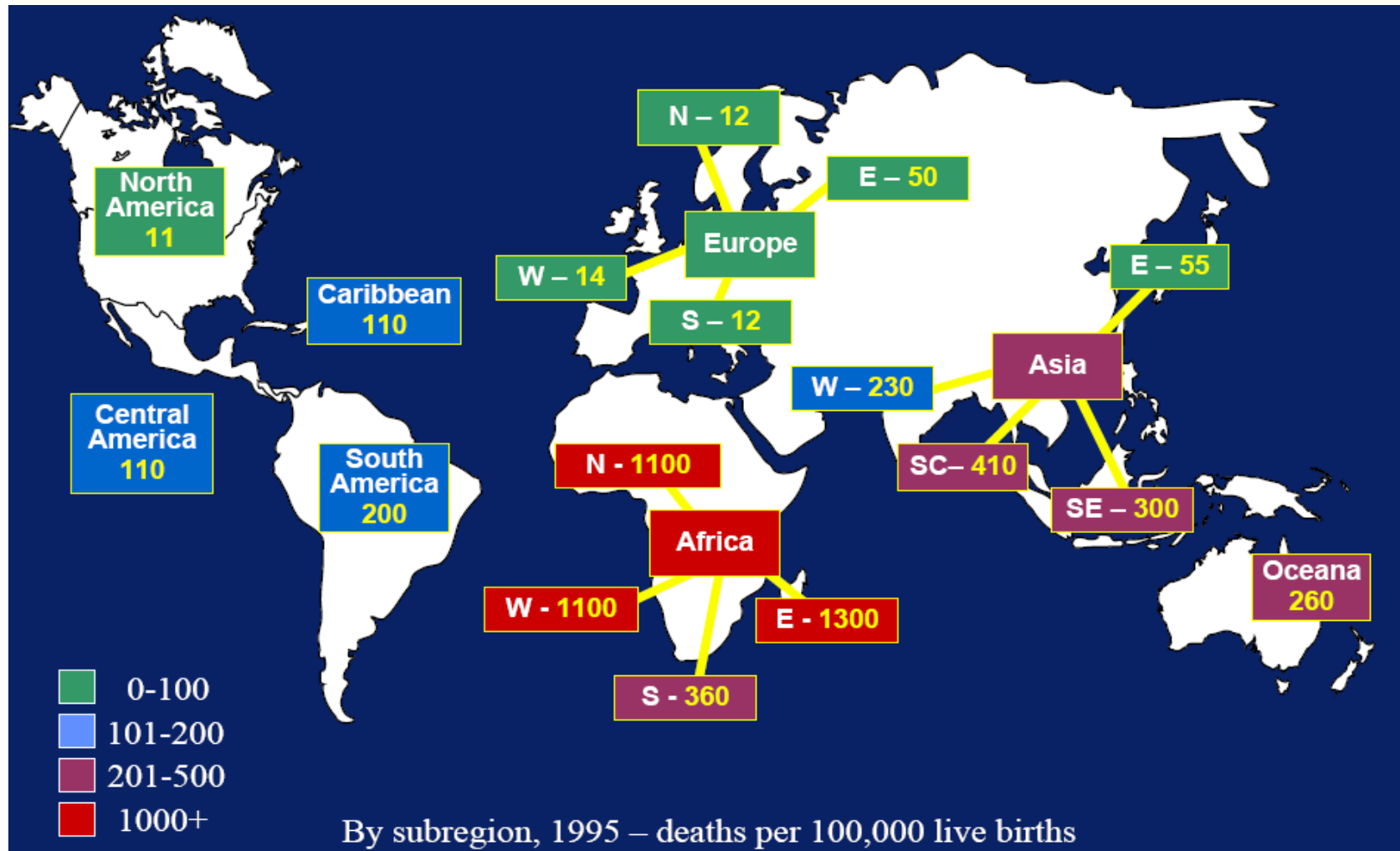


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STI – reasons for not getting treatment

- 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

Adolescent Health Consequences: maternal mortality





Adolescent Health

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



Adolescent Health Impact on Vaccination

- 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.



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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!