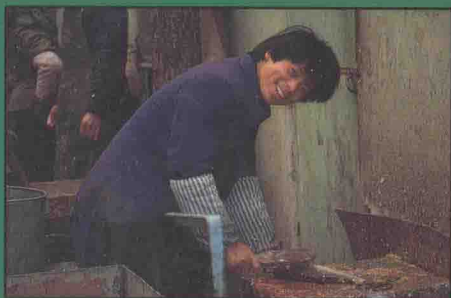
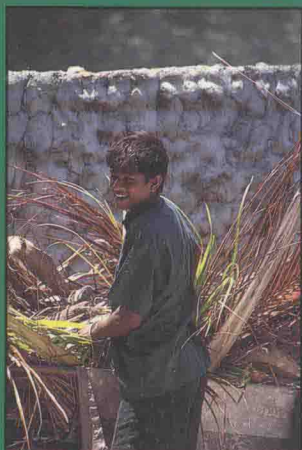
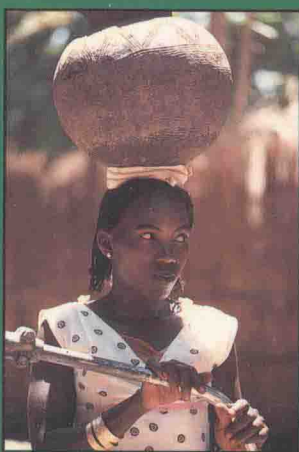


The health of young people

A challenge and a promise



World Health Organization
Geneva

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The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 185 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of human resources for health, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; controlling malaria and other communicable diseases including tuberculosis and leprosy; coordinating the global strategy for the prevention and control of AIDS; having achieved the eradication of smallpox, promoting mass immunization against a number of other preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing international standards for biological substances, pesticides, and pharmaceuticals; formulating environmental health criteria; recommending international nonproprietary names for drugs; administering the International Health Regulations; revising the International Statistical Classification of Diseases and Related Health Problems; and collecting and disseminating health statistical information.

Reflecting the concerns and priorities of the Organization and its Member States, WHO publications provide authoritative information and guidance aimed at promoting and protecting health and preventing and controlling disease.

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Preface

Young people have always inspired two powerful sentiments — the hope that they will create a better world than their forebears without discarding fundamental values, and the fear that they will make things worse. These feelings owe much to the special qualities of the period of youth: it is a time of transition between the dependence of childhood and the independence of the adult; a time when the past is questioned and the future is being determined; a time of searching for fundamental truths that will shape the lives both of the young people themselves and of the children they will raise.

The transition from child to adult nowadays takes place in an environment of unprecedented dramatic change. There has been an extraordinary increase in the world's population; currently, more than half the world's population is below the age of 25; 29% are between the ages of 10 and 25, of whom 80% live in developing countries (1). The accelerated urbanization that has accompanied this increase and the technological revolutions in communications and travel have produced new challenges to the young people of today. Established patterns of behaviour, and the experience and advice of older people, are often irrelevant in the modern context. Thus much depends on the creativity, energy and commitment of young people themselves if new paths to development are to be found.

For many years, the health of young people has been neglected because they are generally less vulnerable to disease than children or the very old. Young people are, however, highly vulnerable to the radical changes in social conditions that have occurred in recent times, and which can have a profound effect on their health. In many societies, changes in social and sexual mores have increased the risks of unwanted pregnancy, sexually transmitted diseases and the new threat of acquired immunodeficiency syndrome (AIDS). Tobacco, alcohol and drugs are now widely available in many places, and the propensity for young people to experiment with such substances is frequently exploited for financial gain. Conditions in some industries and on the roads have increased the dangers to young people of accidents, injury and disability. Eating habits are changing rapidly, with little attention being paid to the health consequences of a poor diet. Competition for jobs and educational

opportunities is becoming increasingly fierce and leaving in its wake many young people who are psychologically damaged and perhaps even suicidal.

It was to draw attention to this vulnerable yet neglected section of society that the Health of Youth was chosen as the subject for the Technical Discussions at the Forty-second World Health Assembly in 1989. The Discussions covered not only the health problems of young people, but also the contribution that they can make towards their own health and that of their communities. For, while the contemporary world poses unprecedented hazards to the health of young people and to the future of their societies, it simultaneously offers an opportunity to harness for the good of all humankind the energy, creativity and idealism of the young, which are abundantly evident throughout the world. Young people in all societies willingly devote their time and energy to improving the health of their families and communities, children, other adolescents and young people, the disabled, the elderly and many others, both through their own initiatives and when called upon to do so by others. Such commitment to social development and to promoting the health of other people has many advantages for us all. It improves the well-being of young people by enhancing their self-esteem and brings the rewards that come from a sense of accomplishment; it offers a constructive rather than destructive channel for the energy of youth, and it provides experience of health issues and responsible interaction with others.

Young people are willing and able to take greater responsibility for their health and their lives, but whether they actually do so is greatly dependent on the behaviour of others. How well we listen, how well we respond to the needs of young people, how well we engage them in determining their own future in cooperation with others, how much we trust them, how much we make it possible for young people to achieve self-esteem through constructive action — these are the challenges to society and the crucial choice which those who are past youth must make. It was the purpose of the Technical Discussions to focus the attention of the world on this challenge: how can we help youth to choose health and in so doing give health to all?

This book is designed to help meet the challenge. Besides giving an overview of the current health situation of young people, it discusses the strengths and weaknesses of traditional responses to their needs, and suggests many ways in which these can be improved. It is meant as a guide, reference book and stimulus to action for all those responsible for the welfare of young people, including the young themselves, to help them fulfil their promise for the future.

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Young people today

Adolescence has been defined by the World Health Organization as being between the ages of 10 and 19 years, and youth as between 15 and 24 years. This book deals with both these groups, i.e. young people from the age of 10 to the age of 24. While chronological definitions are statistically convenient, there is, in fact, a great variation in the timing and duration—although not in the sequence—of the biological, social and psychological changes that characterize this period of transition, which in most cultures is considered to begin with puberty.

Physically, the changes include the adolescent growth spurt, in which the size and shape of the body change markedly and the differences between boys and girls are accentuated. Puberty is also a time when reproductive capacity is established; the sex hormones secreted during this period not only affect the tissues of the body, but are also related to changes in sexual and emotional behaviour. The timing of these events, however, shows wide variations from one individual to another; in normal boys, for example, there is roughly a five-year range (from about 11 to about 16 years) for the age at which puberty is reached. In girls, puberty begins on average some two years earlier and extends over a slightly shorter period (2). This is often a source of anxiety to adolescents, who are highly sensitive to differences between themselves and their peers, especially differences in appearance.

There are also marked psychosocial changes during adolescence. The main change is the development of an integrated and internalized sense of identity, which means to some degree drawing apart from older members of the family, developing more intense relationships with peers, and taking major life decisions (3). During adolescence, there is a gradual move from involvement with groups of the same sex to mixed groups, and sexual pairing may take place. Because they mature earlier, girls may experience romantic interest before boys; this sometimes leads to sexual activity, although this depends greatly on the cultural context. In traditional societies, the earlier maturation of girls has been acknowledged by early marriage. However, the mean age of marriage has generally been rising, while the age of puberty in both sexes appears to be falling. There is thus now a longer period during which

premarital sexual intercourse may occur (4) and an increasing likelihood of this happening (5).

The conflict with parents—so often described in industrial societies as the “generation gap”—is perhaps more imaginary than real. It is much more common to find young people and their parents sharing the same fundamental values (6). The differences are likely to occur in relation to more ephemeral subjects (however deeply felt at the time) such as style of dress and taste in music. Such disagreements can promote healthy development if the family’s value system allows for some give and take, and gives weight to the young person’s viewpoint.

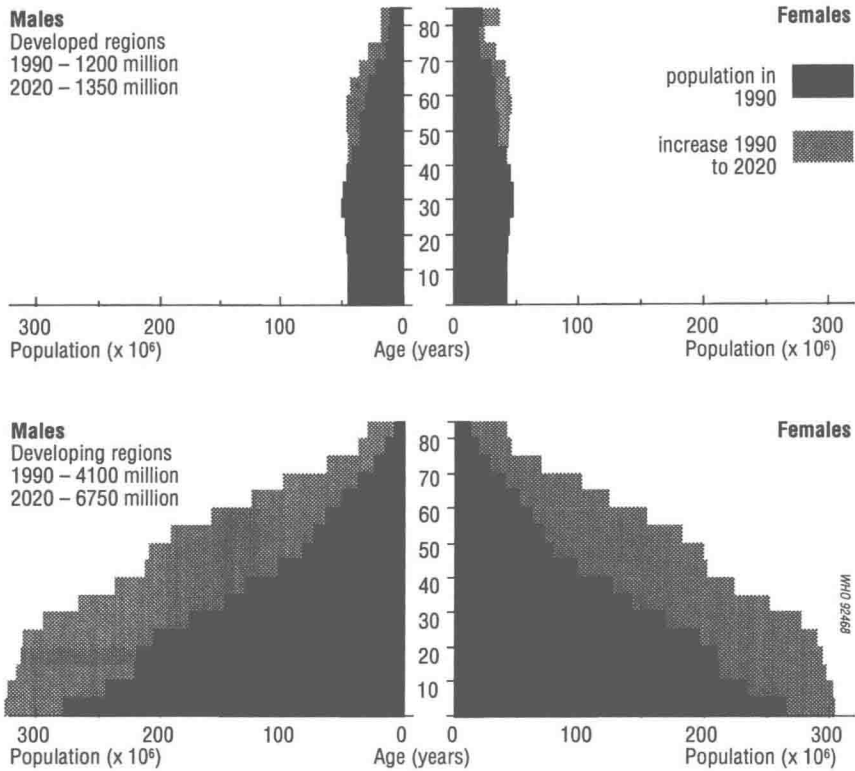
During adolescence, the young person’s thinking moves from the concrete to the abstract, and language is increasingly used to manipulate ideas and conceptualize the ideal. An orientation towards the future now begins in earnest (7, 8). As moral independence grows, alternative courses of action and their consequences come to be considered. How the young person uses this new cognitive and moral capacity is inextricably linked with the strong emotions that emerge during this time of life and with the conditions of life, which will determine whether these manifestations of development are rewarded.

This is a period of great creativity and energy, of new experiences, ideas and skills. To achieve healthy development, the young person needs to stretch himself or herself in ways that are not destructive. Most young people the world over succeed in meeting the challenge.

There have been dramatic changes in the relative and absolute numbers of young people. Between 1960 and 1980, the world’s population increased by 46% and the number of young people between the ages of 15 and 24 years by 66%. In 1990, young people under the age of 25 constituted 64% of the population of Africa, 57% of that of South Asia, and 56% of that of Latin America. The figure for East Asia was 47% and for Europe 35% (9). The increase in the youth population relative to the total population is now levelling off. However in 1990, 29% of the world’s population were in the 10–24-year age range. Of these young people, 83% live in developing countries (Fig. 1).

Stability is important for young people. Migration from city to city and country to country has increased, and young migrants often encounter new cultural patterns and, frequently, a hostile environment. They may have to face this without parental support, which may lead to an increase in their mental and behavioural problems. Among the most vulnerable are the homeless, refugees and victims of war. Perhaps the greatest change has been the phenomenal increase in the movement from rural to urban areas, particularly in the developing world. While in 1975 one-quarter of the population lived in cities, this proportion is expected to be two-fifths by the year 2000, an increase of 60% (10). In developed countries, which are already highly

Fig. 1. Sex and age distribution of world population, 1990 and projections for 2020



United Nations estimates and projections as assessed in 1990

urbanized, three-quarters of the population will live in urban areas by the year 2000, compared with two-thirds in 1975.

“Conflict between young people and their parents with their traditional views often drives youngsters from rural villages to leave for the city. But the youngsters are totally unprepared for the problems that confront them in the city.”

(Emile Bandre, aged 25 years, Burkina Faso)

A disproportionate number of urban migrants are young. An ILO survey showed that 85% of migrants from rural areas of Punjab were between 15 and 29 years of age; for those from rural Sudan and rural Ecuador, the figures were 67% and 66% respectively (11). This is not surprising, since the primary

motive for migration is often to seek education or employment. Children and young people together account for over 70% of the total rural-to-urban migration in developing countries (12). This move from what is often a traditional and relatively stable rural society to urban conglomerations that often lack an infrastructure for family support or health care is one of the major barriers to the healthy development of young people today.

Young people and healthy development

The World Health Organization has defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (13). The sociocultural context in which adolescent development takes place has a profound influence on individual health. Some of the conditions that affect development are described below.

The family

The fundamental unit of all societies is the family. The family is usually the major source of the basic necessities of life and health—love and tenderness, adequate food, clean water, a place and time for rest, clothing, sanitation—to the extent made possible by socioeconomic, cultural and environmental conditions. The family can take many forms. In traditional rural societies, it is usually an extended family and includes several generations plus cousins, uncles and aunts. This structure provides great material and moral support to the young, as well as a variety of role models preparing the way for adulthood. Along with it, there is a relatively high degree of control over the young people's behaviour.

“If the home fails to lay a proper concrete foundation, then unknowingly it sows the seeds of problems now facing the youth of today. The father who always comes home late and is always trying to find fault here and there soon creates a state of insecurity in his growing children. In the long run, these young people will resort to something else while searching for happiness.”

(Patience Sake, aged 16 years, Zimbabwe)

In industrialized societies, the family has gradually shrunk to become the nuclear family, consisting solely of parents and their children. It is characterized by less parental control, but at its best provides moral, educational and

vocational guidance; young people typically have greater latitude in choosing friends, education, work and a spouse.

Both models can be a basis for healthy development. In modern times, however, the stability of the family has been seriously threatened. The divorce rate has risen sharply almost everywhere, the number of single-parent families has increased dramatically, and large numbers of young people have left their families and migrated to the towns. Even where young people remain within their families, the radical changes in social conditions make many parents feel ill-equipped to help their children prepare for experiences they themselves have never had.

Countries should provide parents and other family members with adequate information and support to enable them to respond to the health needs of youth.

Technical Discussions, Forty-second World Health Assembly, 1989

Education

Formal education is of great importance for the development of all young people. It is in school that literacy, numeracy, and thinking skills are fostered and exercised and knowledge is acquired. School also often introduces young people to sport and provides the conditions for healthy, supervised exercise. Schools and teachers may be able to provide some stability to youngsters who have been uprooted from their culture or whose families are unstable. They are a major source of education and guidance about specific health issues and sometimes provide health screening and services. In developing countries there has been a slow but steady rise in school attendance among young people. From 1960 to 1990, the percentage of boys between 12 and 17 years of age enrolled in school increased from 43% to 53%, that of girls from 26% to 42%. However, in the developing countries today, nearly 60% of girls and just under 50% of boys, between the ages of 12 and 17, are not enrolled in school. In the developed countries, by 1990, about 88% of boys and girls were enrolled (14). There have, however, been substantial improvements in enrolment rates by *level* of education, irrespective of age. In developing countries as a whole, for example, at the second level of education, the rate for boys was 30% in 1970 and 50% in 1990, and for girls 18% and 38% (15).

The policies and resources of the country will often determine whether schooling for young people is obligatory, available or accessible. Even where education is available, many young people cannot attend school for economic reasons or because of too early marriage, and others do not attend because of psychosocial difficulties.

Reaching young people outside school

"Streetwise" is the name of a comic designed for young people in need of information about the law, health, welfare and other social issues.¹ It was started in Australia in 1984 with financial support from the Federal Government, and today has a wide distribution across the country, being given free to those in need who cannot afford the cover price.

"Streetwise" is written in the language of young people, and acts as a forum for discussion, as well as involving young people in its conception. The bright colours and comic format are designed to catch the attention, but these are not stories about Superman and Superwoman. The heroes and heroines are young and recognizable—often from disadvantaged groups such as the disabled, non-English speakers and Aboriginals—who face not invaders from outer space, but more realistic terrors. The adult characters, too, are people from the real world, such as teachers, parents, counsellors and youth workers.

Many of the stories are true and familiar. And though humour and fantasy play a part, happy endings are not guaranteed in "Streetwise" as they are in more escapist comics, nor are the young characters endowed with extraordinary powers to help them deal with their problems.

In real life, many youngsters lack even the most basic information to enable them to find help. Some of this information is available through schools. However, not everybody stays in school long enough to receive it. Besides, many young people are alienated by school and unreceptive to its teachings (16). Other sources of information, such as official pamphlets and handbooks, may be rendered inaccessible by the jargon they use. It is this gap that "Streetwise" seeks to fill.

The subjects covered include incest, contraception, violence and what to do if you are arrested. Useful phone numbers and addresses are given at the end of the stories.

¹ Streetwise Comics, Redfern Legal Centre, 73 Pitt Street, Redfern, New South Wales, NSW 2016, Australia.