The Global State of Adolescent Health

Accelerating Action for Adolescent Health: What else do we need to know?

Global Maternal and Newborn Health Conference, 2015
Outline

• The global state of adolescent health

• What is needed?

• Promising Programs
Leading causes of deaths among adolescents

• **INJURIES AND VIOLENCE:**
  - 330 adolescents are dying every day in traffic accidents
  - 180 adolescents are dying from inter-personal violence
  - 50% of sexual assaults are committed against girls under 16

• **MENTAL HEALTH AND SELF-HARM**
  - Suicide, leading cause of death among adolescent girls 15-19
  - Third cause of death among all adolescents 10-19 globally
Maternal mortality, second cause of death among adolescent girls globally

- 70,000 adolescents die annually from causes related to pregnancy and child birth

- The risk of maternal death for mothers under 18 in low and middle-income countries is double that of older females.
  - Girls under 14 years are five times more likely to die from complications.
  - Young adolescents face significantly higher rate of maternal morbidity, including obstetric fistulae.

- Early pregnancy also put newborns at risk (higher risks for the baby with younger mothers)

- 3.2 million unsafe abortions among girls 15-19 each year (Shah and Ahman, 2012)
MMR/100,000 live births, 2013

Countries with 20 per cent of more of women ages 20 to 24 reporting a birth before age 18

Maternal mortality, adolescent pregnancy and child marriage

Per cent of adolescent girls in marriages, adolescent birth rates and maternal mortality rates (UNFPA, State of World Population, 2013 and UNFPA, Marrying Too Young, 2012)
Early and rapid transitions

• In more than 30 countries, 10 per cent or more of adolescents have had sexual intercourse by age 15 (UNFPA SWOP, 2013)
  • Rates as high as 26 per cent in Niger

• Rapid cohort progression into marriage (and sexual activity) (UNFPA calculations, 2015)
  • Proportion married by age 15 (11%)
  • Proportion married by age 18 (34%)
How common is child marriage today?
Proportion of 20-24 year olds married before age 18

<table>
<thead>
<tr>
<th>Region</th>
<th>Proportion before age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Asia</td>
<td>46%</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>41%</td>
</tr>
<tr>
<td>East and Southern Africa</td>
<td>34%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>29%</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>18%</td>
</tr>
<tr>
<td>Arab States</td>
<td>15%</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>11%</td>
</tr>
<tr>
<td>Total for developing countries</td>
<td>34%</td>
</tr>
<tr>
<td>Total before age 15</td>
<td>12%</td>
</tr>
</tbody>
</table>

UNICEF’s global estimates from 2014: 26% and 8% are married before ages 18 and 15 respectively.
Sexual activity and marriage

• In 22 of 36 countries with data available (mostly African and Latin American), sexual initiation before marriage is more common than within marriage (UN Population Division, 2013)

  • However, data on sequencing not of the best quality, and simultaneity/jointness of the decisions cannot be ruled out

• That being said, most childbearing happens within marriage or union – 9 in 10 (WHO, 2008)
Adolescent childbearing

• 19 per cent of young women in developing countries give birth before age 18 (UNFPA SWOP, 2013)

• A total of 7.3 million births each year

• That’s 20,000 girls each day

• Adolescent Birth Rate, births per 1000 women 15-19 (UNFPA SWOP, 2014)
  • 50 (world)
  • 113 (least developed)
  • 21 (more developed)
Adolescents pregnancy - Where does it happen?

### Top 20 countries in Africa with highest adolescent birth rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC 2013</td>
<td>138</td>
</tr>
<tr>
<td>Guinea 2012</td>
<td>146</td>
</tr>
<tr>
<td>Zambia 2007</td>
<td>146</td>
</tr>
<tr>
<td>Congo (Brazzaville) 2011</td>
<td>147</td>
</tr>
<tr>
<td>Madagascar 2008</td>
<td>148</td>
</tr>
<tr>
<td>Liberia 2012</td>
<td>149</td>
</tr>
<tr>
<td>Malawi 2012</td>
<td>152</td>
</tr>
<tr>
<td>South Sudan 2010</td>
<td>158</td>
</tr>
<tr>
<td>Mozambique 2011</td>
<td>167</td>
</tr>
<tr>
<td>Mali 2012</td>
<td>172</td>
</tr>
<tr>
<td>Equatorial Guinea 2011</td>
<td>176</td>
</tr>
<tr>
<td>Angola 2011</td>
<td>191</td>
</tr>
<tr>
<td>Chad 2010</td>
<td>203</td>
</tr>
<tr>
<td>Niger 2012</td>
<td>206</td>
</tr>
<tr>
<td>CAR 2010</td>
<td>229</td>
</tr>
</tbody>
</table>

### Adolescent birth rates, by background characteristics (data from 79 countries)

<table>
<thead>
<tr>
<th>Category</th>
<th>Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>103</td>
</tr>
<tr>
<td>Urban</td>
<td>56</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>56</td>
</tr>
<tr>
<td>Primary</td>
<td>119</td>
</tr>
<tr>
<td>No Education</td>
<td>154</td>
</tr>
<tr>
<td>Poorest</td>
<td>118</td>
</tr>
<tr>
<td>Second</td>
<td>109</td>
</tr>
<tr>
<td>Middle</td>
<td>95</td>
</tr>
<tr>
<td>Fourth</td>
<td>77</td>
</tr>
<tr>
<td>Richest</td>
<td>42</td>
</tr>
</tbody>
</table>

**Source:** Latest DHS, AIS or MICS

**Source:** UNFPA, State of World Population, 2013
Adolescent pregnancy
– some progress, but significant challenges remain

Source: Two/three most recent DHS/MICs in the countries with highest adolescent pregnancy rates
Adolescent Childbearing, Selected Countries, 2007-2011

Per 1,000 Births

- Niger: 192
- Democratic Republic of the Congo: 168
- Zambia: 138
- Chad: 136
- Madagascar: 122
- Nigeria: 111
- Benin: 96
- Kenya: 98
- Gabon: 80
- Ghana: 62
- Eritrea: 52
- South Africa: 50
- Botswana: 43
- Burundi: 21

Modern Contraceptive Use Among Married Adolescents Aged 15-19, Selected Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>2008</td>
<td>2</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>2006</td>
<td>5</td>
</tr>
<tr>
<td>Burundi</td>
<td>2010</td>
<td>8</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2006</td>
<td>9</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2010</td>
<td>12</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2008-09</td>
<td>17</td>
</tr>
<tr>
<td>Kenya</td>
<td>2008-09</td>
<td>20</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2008-09</td>
<td>21</td>
</tr>
<tr>
<td>Malawi</td>
<td>2010</td>
<td>26</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2010</td>
<td>31</td>
</tr>
<tr>
<td>Swaziland</td>
<td>2006-07</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: ICF Macro, Demographic and Health Surveys 2005-2012.
Despite some progress, a high number of countries in sub-Saharan Africa are failing to meet the needs of family planning/contraception among women and especially adolescent girls (DHS)
HIV

Source: UNAIDS, 2014: Fast track: Ending the AIDS epidemic by 2030
Young women are disproportionately affected by the HIV epidemic

- Globally there are about 380,000 new HIV infections among adolescent girls and young women (10–24) every year.
- Globally, 15% of women living with HIV are aged 15–24, and 80% of them live in sub-Saharan Africa.

In sub-Saharan Africa:
- Women acquire HIV five to seven years earlier than men
- Only 15% of young women aged 15–24 are aware of their HIV status
- Only 26% of adolescent girls possess comprehensive and correct knowledge about HIV, compared with 36% of adolescent boys. In this context, according to UNICEF, among girls aged 15–19 who reported having multiple sexual partners in the past 12 months, only 36% reported that they used a condom the last time they had sex.

- Adolescents (10–19 years) are the only age group in which AIDS deaths have risen between 2001 and 2012.

- AIDS-related maternal mortality is significant in the East and Southern Africa region, where in four countries it is recorded at over 50 per cent.
HIV Prevalence among young adolescents

HIV prevalence among young people aged 15–19 in eastern and southern Africa

HIV prevalence among young people aged 15–19 in west and central Africa

Source: most recent population-based survey.
Violence, abuse and exploitation: increasing risk and vulnerability

In some settings, up to 45% of adolescent girls report that their first sexual experience was forced

Young women who experience intimate partner violence are 50% more likely to acquire HIV than women who have not.

• Knowledge, skills and opportunities

• Voice, choice and control over their own bodies
Access to basic education and services

- Health education including CSE
- Quality health services including SRH
- Supportive environment at home, communities, countries
- Health, social and economic assets
### Vision: Adolescents are surviving, growing, thriving, resilient, empowered, connected, central, and visible

<table>
<thead>
<tr>
<th>Health</th>
<th>Non-health</th>
<th>Policies &amp; Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education including Comprehensive Sexuality Education</td>
<td>Quality education and schooling through secondary level</td>
<td>Access to quality, private, confidential SRH and other critical services regardless of age, gender, marital or other status</td>
</tr>
<tr>
<td>Health Services, especially sexual and reproductive health services</td>
<td>Safe water and sanitation (at schools and homes)</td>
<td>Returning adolescents to school</td>
</tr>
<tr>
<td>Immunizations (HPV, tetanus booster, rubella, Hep B, measles)</td>
<td>Opportunities for physical activity</td>
<td>Tobacco, alcohol, and food policies enacted and enforced to facilitate healthy behaviors</td>
</tr>
<tr>
<td>Medical and psychosocial support for mental health problems and violence</td>
<td>Training in livelihood and wage employment skills</td>
<td>Minimum age at marriage universally set to 18</td>
</tr>
<tr>
<td>Nutritional supplementation (eg: iron folate for girls) and nutrition care (eg: obesity)</td>
<td>Eliminate child marriage and FGM/C</td>
<td>Mandatory birth and marriage registration</td>
</tr>
<tr>
<td>Ensure visibility of adolescents through enhanced date collection and analysis</td>
<td>Opportunities for participation in decision-making</td>
<td>Surveys and censuses strengthened (eg: cross-sectional and longitudinal surveys) and age-sex disaggregated data utilized in policy formulation and program delivery</td>
</tr>
</tbody>
</table>

Younger adolescents (girls and boys ~10-14)

Older adolescents (girls and boys ~15-19)
Percentage of votes by topic among women 16–30 years old at all education levels from all countries on their priorities for the post-2015 development framework

- Reliable energy at home: 22%
- Phone and Internet access: 23%
- Action taken on climate change: 24%
- Political freedoms: 25%
- Better transport and roads: 28%
- Support for people who cannot work: 29%
- Protecting forests, rivers and oceans: 32%
- Freedom from discrimination and persecution: 32%
- Equality between men and women: 34%
- Affordable and nutritious food: 42%
- Protection against crime and violence: 42%
- Access to clean water and sanitation: 43%
- Better job opportunities: 47%
- An honest and responsive government: 59%
- Better health care: 54%
- A good education: 68%

A multisectorial framework for action
Policies and laws protecting the health of adolescents

- Remove third party authorization for SRH services
- Enact, enforce tobacco, alcohol, illegal substance abuse
- Revise and implement laws on child marriage
- Make adolescents visible for programme planning, implementation and evaluation
Addressing the determinants: non health interventions

- Quality education and schooling at least through the secondary level
- Water, sanitation and hygiene
- Delay marriage
- Physical activity
- Training and other investments
- Social protection
- Participation in decision making
- Parenting skills for parents of adolescents
Key Programmatic Principles

- Protect the human rights of all adolescents
- Respect their evolving capacities, and promote gender equality
- Recognize the diversity of adolescents
- Distinguish very young adolescents from older adolescents
- Support adolescents into the key transitions and promote “positive adolescent development”
- Ensure services and policies are evidence-based,
- Expand from a “disease-centric model” to one which is inclusive of prevention and health promotion
- Develop new measures and methods for measuring success
- Embark on a serious learning agenda on adolescent health
In countries:

- Alignment and coordination of multiple stakeholders at all levels is required.
- Accountability mechanisms must be strengthened or built at national levels to ensure implementation.

At the global level:

- A well-coordinated and aligned global platform is needed with the participation of all stakeholders.
- The coordinating platform should benefit from the drive and energy for change brought about by global youth leaders and activists.
Promising Programs

• Argentina, Program Sumar

• India, Adolescent Health Strategy

• Mexico, National Strategy to Prevent Adolescent Pregnancy

• Mozambique, Gerazcao Biz

• South Africa, new strategy on adolescent SRH
Thank you