Adolescent Health:
Global Issues, Local Challenges

Robert Blum

Rapidly changing social and economic conditions around the world have a significant influence on how young people grow and prepare for adulthood. A medical expert discusses the leading causes of death among the world's youth and identifies key factors in reducing their health risks.

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O ver the past 20 years, dramatic social, political, and economic shifts have radically altered the landscape for adolescents around the world. A generation ago, AIDS was unknown; today, between a quarter and a third of adolescent females in Botswana, South Africa, and Zimbabwe are infected, and the threat of this disease casts a shadow over maturing young people everywhere.

A generation ago, infectious diseases predominated as the major sources of morbidity (disease) and mortality globally. Today, social, behavioral, and environmental factors (such as diet and smoking) predominate.

A generation ago, the age of marriage was significantly lower than it is today; more people lived in rural communities and fewer young people attended school. In one generation, school enrollment has dramatically increased in most countries in the developing world. In many countries, education is increasingly the same for young women as for young men.

Family size is shrinking, and, for the first time in history, many young women are able to control their reproductive futures. As economies shift from an agricultural and pastoral base to a service and industrial base, education and employment are more closely intertwined than ever.

These are but some of the key transitions that continue to have a profound impact on the health and well being of young people. This is the world that adolescents live in today.

POPULATION AND SOCIAL TRENDS

Today, young people aged 10 to 19 comprise 20 percent of the world's population. More than 85 percent of these young people reside in developing countries. Between now and the year 2025, there will be an increase of about 150 million young people between ages 10 and 24 in the world, and most of this population growth will be in sub-Saharan Africa.

Today, in many countries of sub-Saharan Africa, the median age is between 28 and 41. In 2000, the median age in Europe was double that of Africa. In fact, the 10 youngest countries in the world are in sub-Saharan Africa.

Today's generation is on the move, from countryside to city, from nation to nation. The United Nations estimates that during the next 30 years essentially all population growth will occur in urban areas, where young people go to look for work.

Globalization is another major force affecting the lives of young people around the world. As jobs move from industrialized to less-developed countries, young people are frequently the beneficiaries of these new work opportunities. While there has been income growth in most regions of the world as a result, this is not the case in much of sub-Saharan Africa.

MORTALITY AND MORBIDITY

What are the major causes of death and disease among youths aged 15 to 29?

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, and suicide and self-inflicted injuries.

Accidental injuries, particularly vehicular injuries, represent the leading causes of death for young people in most of the world. In South America, however, almost as many young people die from intentional injuries (such as suicide) as from accidents. In Africa, the leading cause of death for young people is AIDS, followed by other infectious diseases.

In much of the developing world, maternal mortality is a major cause of death among adolescent females, and these deaths result from pregnancy complications and unsafe abortions conducted illegally and secretly (an estimated 40 percent of maternal mortality).

In addition to maternal mortality, reproductive-health-related conditions are a major cause for disease among youths around the world. Specifically, the World Health Organization (WHO) estimates that in "high mortality countries, reproductive and sexual health problems account for 63 percent of DALYs [Disability, Adjusted Life Years—the sum of years of potential life lost due to premature death and the years of productive life lost due to disability], of which 37 percent is due to HIV."

In much of sub-Saharan Africa, female genital cutting is still widely practiced (in countries like Egypt and Somalia it remains a nearly universal practice), and, while some evidence indicates a decline in the procedure in some countries, the practice carries with it very high risks of infection, sterility, and permanent sexual dysfunction.

Another issue that has recently gained more visibility is the high prevalence of sexual abuse of young males and females in industrialized and developing countries around the world. Human trafficking and commercial sex work have been in the media and policy spotlight. Studies in Asia, Africa, and the Caribbean have revealed prevalence rates for sexual abuse between 19 percent and 48 percent among young women and 5 percent to 32 percent among adolescent males. Sexual vulnerability is emerging as a major issue that jeopardizes young people's health.

In the past decade there have been important efforts to reduce smoking among adolescents in much of the industrialized world. In response, cigarette companies have shifted aggressive tobacco marketing toward less-developed countries, where there has been a noticeable increase in tobacco use. Smoking prevalence rates are widely divergent among regions of the world and in countries of each region, but overall trends are truly worrisome. The WHO estimates that 10 million deaths a year are due to cigarette smoking, and it predicts that will triple or quadruple in the next 30 years.

What factors reduce harm? A growing body of research from around the world identifies key factors associated with less involvement among young people in a wide range of negative health and social outcomes. Rick Little, founder of the International Youth Foundation in Balti-

Students Against Violence Everywhere

North Carolina youngsters start a national movement in memory of a friend.

A secondary school student named Alex Orange went to a party one Friday night in 1989. He stepped forward to break up a fight at the party and lost his life in the struggle. Alex's classmates at Charlotte Senior High School in Charlotte, North Carolina, did not want his death to become just another statistic. In Alex's memory, they formed Students Against Violence Everywhere (SAVE) to create a school environment that would be safe, free of fear, and conducive to learning for all students.

Since then, SAVE has become a national, nonprofit organization with 1,500 chapters across the United States and more than 167,000 members. SAVE chapters have sprung up in elementary schools, middle schools, high schools, colleges, and community organizations in 44 states and in four other countries—Canada, Croatia, Nigeria, and Trinidad.

Created by students—and for students – SAVE's mission is to decrease violence in schools by involving students in safety programs, educating students about the consequences of violence, providing opportunities for community service and mentoring, and teaching conflict resolution skills. Advisors, who work with each chapter, may be teachers, parents, school counselors, or other interested adults from the community.

For more information, visit the Web site of the National Association of Students Against Violence Everywhere at http://www.nationalsave.org.

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more, Maryland, summarizes these important elements as the "4Cs":

• *Confidence* in areas that improve the quality of young people's lives, such as literacy, employability, and interpersonal, vocational, and academic skills that allow individuals to contribute to their communities

• *Connection* of youths to persons in the community who provide mentoring, tutoring, leadership, and community service opportunities

• *Character* through values such as individual responsibility, honesty, community service, responsible decision making, and integrity, and relationships that give meaning and direction to young people

• *Confidence-building experiences* that give youths hope and self-esteem through success in setting and meeting goals

It is clear from research that focusing on risk reduction alone is not sufficient to reduce risks and that most such strategies have proven ineffective. Rather, successful interventions build on the strengths and confidence of young people, creating meaningful roles and opportunities to contribute.

Effective interventions link young people with positive adult role models. They create safe places for young people to congregate, to have fun, to develop friendships, and to engage with adults. Effective programs provide opportunities for young people to contribute to others. A caring adult, opportunities to contribute, school and community activities, and a safe place for young people all appear to be part of a critical formula for improved health and social outcomes.

Youth is a time of opportunity but also a time of risk. The risk for us is that if we fail to support the rapidly growing population of young people around the world, we will be left to pick up the pieces. We have a choice but it is not a choice between action and inaction. Rather, it is a choice between whether we operate an ambulance at the bottom of the cliff to pick up the young people who fall, or climb the cliff and build a fence around it. ∎

The opinions expressed in this article do not necessarily reflect the views or policies of the U.S. government.