

---

## Preface

This book comes out at an unprecedented time for global adolescent health. Before the twenty first century, there was a substantial international investment in neonatal and pediatric healthcare in virtually all countries around the world. At the same time, there was little research on adolescence, as a specific period in time with specific health needs. This level of interest began to change when health and social data revealed that the gains made in neonatal and pediatric healthcare were being lost during adolescences. Public health researchers and health providers pointed to the lack of adolescent specific health and social services designed to bridge the gap between children's health programs and the adult health and social care infrastructure.

Subsequently, interest in adolescent health issues has been growing and translated in major international initiatives. On September 26, 2015, the day after the General Assembly of the United Nations adopted the Sustainable Development Goals, the U.N. Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health. The strategy lays out an ambitious vision for a world "in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies". What is different in this new strategy is that it includes adolescents as "central to everything we want to achieve, and to the overall success of the 2030 Agenda" (Ban Ki-moon). Aligned with the Global Strategy, the 68th World Health Assembly requested the World Health Organization Secretariat to develop a Global Framework for Accelerated Action for the Health of Adolescents (the AA-HA! Framework) in consultation with youth, Member States, and major partners. The Lancet established a Commission on Adolescent Health and Wellbeing to support actions in response to the shifting determinants of health and health needs among the world's youth.

With this, the sense of urgency that was growing over the past two decades that something needs to be done differently to enhance the positive development of adolescents has found its focus. We believe that this book provides a fair snapshot of the state of the knowledge and practice in adolescent public health, and hope that the reader will find practical answers to some of the questions that would instigate him/her to act locally.

Most definitions of adolescence define this period in terms of transition, dynamic changes and the goal of adulthood. This book is about a somewhat

different adolescence. It is about the period that for every single adolescent among 1.2 billion adolescents worldwide is their very present. It is about the adolescence that is not a mean to an end, but a *raison d'être* in itself. It is about adolescence that has biological underpinnings for being a distinct period of human growth and development, but it is also about adolescence that is socially constructed. There is no other period in human life that is so tightly regulated by societies as adolescence. There is a labyrinth of rules and regulations for adolescents about the desirability, onset and frequency of all sorts of behaviors and activities ranging from sexual activity to use of services—all with good intention to protect adolescents.

The problem is when the regulations are not informed by a developmental marker, but instituted arbitrarily by politicians and policy makers. There is no biological explanation why the age of criminal responsibility varies from 8 years of age in Scotland and 10 years of age in England and Wales to 18 in Belgium and Luxembourg. When adolescence is socially constructed, regulators may decide when to pull back adolescents towards childhood (e.g., regulations on informed consent for medical services) and when to push them towards adulthood (e.g., legal provisions for child marriage).

With so many rules and in the absence of a scientific basis for what is a normative level for various behaviors, no wonder that adolescents are “at risk” of trespassing socially constructed boundaries, and “targets” for various programs and initiatives in preventing them from doing so. This is not to say that adolescents are not vulnerable, but we have to distinguish between three different sources of vulnerabilities: (1) those that have a biological foundation (e.g., propensity for impulsive behaviors due to the peculiarities of brain development); (2) those that are socially determined (e.g., low community acceptance of premarital sexual activity), and (3) those that are politically constructed. Deliberate policies, irrespective of their primary intent, may undermine adolescents rights (e.g., minimum age for transferring juvenile cases to the adult criminal court, or regulations about third party authorization for adolescents access to services). This book will help the reader to make this distinction, and to see how it can be applied in designing adolescent specific public health responses.

The book is presented in four parts. **Part I** is *A Snapshot of Adolescent Health and Development Globally and from Selected Countries*, and explores the reasons why adolescent health is becoming a public health priority. It summarizes the current leading causes of morbidity and mortality among adolescents globally, as well as, with examples from Cuba and Japan, covers trends in health promoting and health compromising behaviors that commonly emerge during the adolescent years.

**Part II**, *Adolescent Health Conditions and the Public Health Response*, examines in more depth the leading causes of ill health and death in adolescence, provides examples of effective evidence based interventions and successful public health policies.

Generally, the health sector is not organized by diseases. Healthcare reforms are usually concerned with shifting service delivery to people-centered care, which means that it is focused, organized around the health needs and expectations of people and communities rather than

on diseases. From the point of view of policy making and healthcare organization, therefore, we found it useful in this book to discuss what arrangements need to be made in primary and referral level care in order to provide equitable, comprehensive, and integrated health services for the adolescent population. The exact configuration of services varies from country to country, but in all cases services require a well-trained workforce, robust financing, and financial protection mechanism. As well, attention must be paid to the particular needs of adolescents who report poorer satisfaction with the healthcare services compared with adults, and face greater cost and other barriers to accessing healthcare.

**Part III** of the book, *Adolescent Responsive Health and Social Systems*, therefore, looks at the key functions of health systems from the perspective of adolescents' specific needs and expectations.

There is a range of different platforms available to provide health services to adolescents: public and private facilities, schools, mobile clinics, pharmacies, youth centers, e-health, and outreach strategies. Among them, school health services are particularly well placed to reach adolescents with preventive interventions. In 2012, the primary gross school enrolment ratio was 108.4 % (global average) (the primary gross school enrolment ratio can exceed 100 % due to the inclusion of over-aged and under-aged students, because of early or late school entrance, and grade repetition). The secondary gross school enrolment ratio was 73 % (global average). Importantly, in many countries the trends for both indicators are positive. Among the scientific and political advances that adolescent health agenda witnessed during the last few years, however, the role of school health services has not been adequately addressed. We decided therefore to dedicate a distinct part in this book to case studies of school health services.

**Part IV**, *Pairing Children with Health Services: The Role of School Health Services*, describes this promising form of linking children and adolescents with preventive interventions and other services.

An initial glance at the table of content of this book may leave the reader with an impression that some key topics are missing. Indeed, there are no chapters that are called "Youth participation", "Adolescents' rights and gender equality", "The importance of social determinants of health", or "Adolescents are not all the same". So important are these topics for adolescent healthcare and protective policies, that they are **crosscutting themes in these chapters**:

- The importance of an **ecological understanding of adolescent health** and of addressing social and structural determinants in policy measures is a defining theme in chapters about sexual and reproductive health, adolescent nutrition, and injury prevention, among others. The authors demonstrate how adolescent health outcomes are influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, spiritual factors, and how an ecological understanding of adolescent health informs program design.
- The importance of **gender equality and respecting, protecting and fulfilling adolescents right to health** and healthcare is a central idea in

the chapters from India and Chile, as well as, in chapters about sexual and reproductive health (Chaps. 8 and 9), restorative justice and mental well-being (Chap. 7), and quality of care (Chap. 15), among others.

- **Adolescent participation** in decisions, which affect their health and lives is the cornerstone for assessing the adolescent's capacity for autonomous decision-making (Chap. 18). Adolescent participation is also an inherent characteristic of quality healthcare services for adolescents, and is one of the eighth quality standards, as described in Chap. 15. The experience from Portugal on implementing an adolescent health curriculum shows how important student involvement in program evaluation was to improve the content and teaching methods of the adolescent health course (Chap. 17).
- **Adolescents are not a homogeneous group:** the fact that policies and programs need to take into consideration the heterogeneity of adolescents, including the differential in exposure to risk factors and differing developmental phases and health needs of younger and older adolescents is emphasized in several chapters (Chaps. 1, 3, 4, 18 and 20).
- **Some adolescents are particularly vulnerable** and this is why it is important to monitor the health of marginalized youth (Chap. 1). Policies need to be in place to track health disparities between subgroups of adolescents, and to provide financial and other forms of protection from factors of vulnerabilities (Chap. 19).

Forty four experts in the field have directly contributed towards the content of this book. We want to thank them all for their enthusiasm in knowledge sharing, and professionalism in knowledge synthesis for the benefit of the reader whom, we hope, will take it one step further into knowledge translation in their countries and settings.

Tulsa, OK, USA  
Geneva, Switzerland  
Orlando, FL, USA

Andrew L. Cherry  
Valentina Baltag  
Mary E. Dillon

International Handbook on Adolescent Health and  
Development

The Public Health Response

Cherry, A.L.; Baltag, V.; Dillon, M.E. (Eds.)

2017, XI, 537 p. 51 illus., Hardcover

ISBN: 978-3-319-40741-8