Social Determinants of Adolescent Health

Prof dr Marleen Temmerman
Aga Khan University, Nairobi, Kenya
KPA, Mombasa, 2018
Social Determinants of Health

• The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, live, work and age.”

• These conditions are “shaped by the distribution of money, power, and resources at global, national, and local levels.”

• Social determinants operate at two main levels: structural and proximal.
Social Determinants of Health

• **Structural determinants**—the ways in which a society is set up with regard to social, economic, and political contexts—can create divisions that lead to differences in status, power, privilege, and access to resources and information.

• **Proximal determinants:**
  • circumstances of daily life that influence a person’s attitudes and behaviours; eg the quality and nature of family and peer relationships, food and housing, opportunities for recreation, school environment.
  • Since proximal determinants are shaped in part by stratifications resulting from structural determinants, as well as from cultural, religious, and community factors, they can lead to wide variations in young people’s exposure and vulnerability to health risks.
“Every Woman, Every Child. This focus is long overdue. With the launch of the Global Strategy for Women’s and Children’s Health, we have an opportunity to improve the health of hundreds of millions of women and children around the world, and in so doing, to improve the lives of all people.”

- United Nations Secretary-General Ban Ki-moon
Every woman every child
WHO RHR: Adolescents sexual and reproductive health
Unfinished agenda and emerging priorities

Progress made:
• Overall reduction of maternal and child mortality
• We can envision to end ALL preventable deaths

Remaining gaps and emerging priorities
• Adolescents and young people
• Stillbirths, newborns
• Increasing burden of NCDs, cancers and mental health
• Nutrition and environmental risk factors
• Humanitarian settings and crisis situations
THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)

SURVIVE
THRIVE
TRANSFORM

Towards a new Global Strategy for Women’s, Children’s and Adolescents’ Health
"....a remarkable consensus among 179 governments that individual human rights & dignity, including the equal rights of women & girls & universal access to sexual & reproductive health & rights, are a necessary precondition for sustainable development..."

Source: Report of the operational review of the implementation of the Programme of Action of the ICPD & its follow up beyond 2014.
ICPD 1994 was a landmark event in Sexual & Reproductive Health

- ICPD, 1994: *Population and development is about respect of human rights and not control*
  - Respect people’s freedom to make reproductive choices (and sexual life) free of coercion, in accordance with existing human rights standards and norms.
  - Respect adolescent’s freedom to make reproductive choices (and sexual life) even as their autonomy is developing/evolving
- An important threat: *Adults’ control over reproductive choices (and sexual life) of the adolescent*
The Challenge

Threats to adolescent SRH around the globe:

• Child, early and forced marriages
• HIV/AIDS and STIs
• Sexual harassment, abuse and violence
• Unsafe abortions
• Unplanned pregnancies
• Gender-based violence
The 17 Sustainable Development Goals
169 targets

1. Poverty
2. Food security and nutrition
3. Health
4. Education
5. Gender equality
6. Water and sanitation
7. Energy
8. Economic growth and employment
9. Infrastructure, industrialization, innovation
10. Equity
11. Cities
12. Consumption and production
13. Climate change
14. Oceans, seas and marine resources
15. Ecosystems
16. Peaceful and inclusive societies
17. Means of implementation

Red: risk factors with direct effect on health
Determinants: with indirect effect on health

3. AND WELL-BEING

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
Estimated causes of adolescent death by sex and age, 2015 WHO
What is special about adolescence?

- A time of rapid physical and psychological (cognitive and emotional) growth and development.

- A time in which new capacities are developed.

- A time of changing social relationships, expectations, roles and responsibilities.

- A time that determines adulthood and has an impact on the next generations.
Why should we invest in the health and development of adolescents?

• Demographic rationale
• Public health rationale
• Economic rationale
• Human rights rationale
Despite gains in selected countries, little progress has been made in preventing child marriage in developing countries.

<table>
<thead>
<tr>
<th>REGION</th>
<th>COUNTRIES WITH SIGNIFICANT* DECLINES IN RATES OF CHILD MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>Benin (U), Cameroon (U), Congo (R), Ethiopia, Lesotho, Liberia, Rwanda, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zimbabwe (R)</td>
</tr>
<tr>
<td>Arab States</td>
<td>Jordan (R)</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>Indonesia (R), Philippines (R)</td>
</tr>
<tr>
<td>South Asia</td>
<td>Bangladesh (U), Nepal</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>Armenia</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>Bolivia, Guyana (R)</td>
</tr>
</tbody>
</table>

**Source:** Results from two consecutive household surveys (MICS and DHS) in 48 countries.

* Measured as changes of 10% or more in the prevalence of child marriage between the two surveys.
(U) Changes observed in the urban areas only.
(R) Changes observed in the rural areas only.
The number of births to girls aged 15-19 years declined globally from 64 in 1990 to 54 in 2011 (per 1000 girls).

Globally, the number of new HIV infections per 100 adults aged 15 to 49 years declined by 44% between 2001 & 2012. However, there has been no substantive decline in the past decade in new HIV infections among young people between 15-24 years.

In 2012, approximately 2/3\textsuperscript{rd} of all new infections were in girls, & mainly in sub-Saharan Africa.

Sources:
2. UNICEF. Towards an AIDS-free generation – Children and AIDS. Sixth stocktaking report. 2013.
Across sub-Saharan Africa, there has been only a minor reduction of the overall prevalence of FGM/C.

But in more than half of the 29 countries where FGM/C is concentrated, significantly lower prevalence levels can be found in the youngest age group (15-19) compared to the oldest age group (45-49).

Source: UNICEF. Female Genital Mutilation/Cutting: A statistical overview and exploration of dynamics of change. 2013.
Globally, 1 in 3 women will experience physical and/or sexual violence by an intimate partner or sexual violence by someone other than their partner.

Such violence starts early in the lives of women with estimates showing that nearly 30% of adolescent girls (15–19 years) have experienced intimate partner violence.

Three quarters of the world’s 2- to 4-year-old children – around 300 million – experience psychological aggression and/or physical punishment by their caregivers at home.

Worldwide, **around 15 million adolescent girls** aged 15 to 19 have experienced forced sexual intercourse or other forced sexual acts in their lifetime.

Globally, **every 7 minutes** an adolescent is killed by an act of violence.
OFFICIAL OPENING of the GBVRC, Mombasa

- First public hospital GBV clinic was opened on May 25th 2007; PPP GPGH and ICRH
GBVRC 2017

Over 7300 survivors

85% women and girls

80% under 18, more than half younger than 15 years old

75% neighbours or family

169 court cases - 5 convictions
In conclusion

• The health of adolescents is strongly affected by social factors at personal, family, community, and national levels.

• Nations present young people with structures of opportunity as they grow up.

• Since health and health behaviours correspond strongly from adolescence into adult life, the way that these social determinants affect adolescent health are crucial to the health of the whole population and the economic development of nations.
In conclusion

• During adolescence, developmental effects related to puberty and brain development lead to new sets of behaviours and capacities that enable transitions in family, peer, and educational domains, and in health behaviours.

• These transitions modify childhood trajectories towards health and wellbeing and are modified by economic and social factors within countries, leading to inequalities.
In conclusion

• The strongest determinants of adolescent health worldwide are structural factors such as national wealth, income inequality, and access to education.

• Safe and supportive families, safe and supportive schools, positive and supportive peers are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood.

• Improving adolescent health worldwide requires improving young people's daily life with families and peers and in schools, addressing risk and protective factors in the social environment at a population level, and focusing on factors that are protective across various health outcomes.

Vimer at al, Lancet 2012
The WHO Global AA-HA! Guidance

The Global AA-HA! Guidance aims to assist governments in deciding what they plan to do – and how they plan to do it – as they respond to the health needs of adolescents in their countries.
Our future: a *Lancet* Commission on adolescent health and wellbeing
Empowering adolescent girls through HPV vaccinations and thinking differently about resourcing global health

Anuradha Gupta
Deputy CEO
Gavi, the Vaccine Alliance