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## **EVIDENCE ON YOUTH IMPACT: STRENGTHENING GLOBAL HEALTH OUTCOMES THROUGH INVESTING IN YOUTH**

Young people aged 10 to 29 years face unique and detrimental health risks due to rapid changes in brain development, puberty, increasing risk taking, and sexual activity.<sup>1,2</sup> These changes have health consequences, not only in the transition to adulthood, but also over the life course.<sup>3</sup> Yet young people are often ill informed about the consequences of excessive consumption of alcohol or drugs, and sexual relations. They also often face mental health issues, lack access to services and face stigma, restrictive gender norms and other barriers to healthy behaviors and wellbeing. The disease burden between childhood and adulthood shifts during adolescence—for example, sexual and reproductive health problems, mental illness and injuries increase.<sup>4</sup> In addition, a lack of youth-friendly services means that many young people die from largely preventable diseases as well as from non-communicable diseases. Despite major successes in infant, child and adult health, adolescent mortality has only marginally improved.<sup>5</sup>

### **YOUNG PEOPLE FACE UNIQUE HEALTH CHALLENGES, MANY OF WHICH ARE PREVENTABLE**

- Young people between the ages of 15 and 24 account for 40 percent—and in some countries up to 60 percent—of all new HIV infections among adults.<sup>6</sup> Girls are disproportionately affected, with young women up to eight times more likely than men to be HIV positive.<sup>7</sup> Adolescent girls and young women are most vulnerable to HIV in sub-Saharan Africa; they account for one in four new HIV infections.<sup>8</sup>
- Globally, complications from pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls.<sup>9</sup> Some 11 percent of all births worldwide are to girls aged 15 to 19 years old, and the vast majority of these births are in low- and middle-income countries.<sup>10</sup>
- Adolescents are particularly vulnerable to malnutrition, and face youth-specific nutrition challenges such as high nutritional requirements and high levels of anemia. The World Health Organization (WHO) found that iron deficiency anemia was the leading cause of years lost to death and disability in 2015.<sup>11</sup> Many young people enter adolescence already suffering from undernourishment, increasing their vulnerability to disease and early death. At the same time, the number of adolescents who are overweight or obese is increasing globally, including in low- and middle-income countries.<sup>12</sup> Adequate nutrition during adolescence is a foundation for good health in adulthood.<sup>13</sup>
- Twenty percent of adolescents in any given year will experience a mental health problem, most often

depression or anxiety, with implications for individual, family and community life.<sup>14</sup> Depression is the third leading cause of illness and disability among adolescents, and suicide is the third leading cause of death among 15 to 19-year-olds.<sup>15</sup> Suicide is now the leading killer of adolescent girls aged 15 to 19 years.<sup>16</sup>

- Millions of youth suffer from preventable health hazards such as road accidents, substance abuse, suicide, and infectious diseases such as malaria and tuberculosis.<sup>17</sup>

## **A LIFE-COURSE APPROACH PREVENTS YOUNG PEOPLE FROM DEVELOPING RISKY BEHAVIORS THAT CREATE ADVERSE HEALTH OUTCOMES IN ADULTHOOD**

- The leading causes of youth mortality worldwide are injury (traffic accidents, violence, drowning, and fires), suicide, pregnancy and childbirth, respiratory infections, HIV, tuberculosis, and meningitis. Moreover, around 70 percent of premature deaths among all adults have been linked to smoking and alcohol use and other behaviors initiated during adolescence.<sup>18</sup>

- These risky behaviors affect young people while they are still young, but the most significant adverse consequences show up when they grow older in the form of non-communicable diseases such as lung cancer, diabetes and heart disease.<sup>19</sup>

- The Lancet Commission on Adolescent Health and Wellbeing has calculated that improving the health of adolescents aged 10 to 19 years, at the cost of \$4.60 per person per year, could bring a 10-fold economic benefit by averting 12 million adolescent deaths and preventing more than 30 million unwanted pregnancies in adolescents.<sup>20</sup>

## **EDUCATING YOUNG PEOPLE IMPROVES HEALTH OUTCOMES FOR INDIVIDUALS AND THEIR FAMILIES**

- Maternal education strongly influences child health and birth weight, and the proportion of children immunized is higher when mothers have secondary education.<sup>21</sup>

- Keeping girls in school is a high-impact practice—there is a strong evidence base that this helps prevent early sexual debut and protect against HIV, early marriage and early pregnancy.<sup>22</sup> For example, a study in Botswana found that additional years of secondary schooling had a significant protective effect against HIV risk, particularly for women. Students who stayed in school had an eight percent lower risk of HIV infection a decade later.<sup>23</sup>

## **SOCIAL BEHAVIOR CHANGE AMONG YOUNG PEOPLE CAN PREVENT THE SPREAD OF DISEASES AND PROMOTE POSITIVE BEHAVIOR ACROSS GENERATIONS**

- Many health-related behaviors that arise during adolescence have implications for both present and future health and development.<sup>24</sup> Promoting behavior change can have a triple dividend, bringing

immediate benefits for youth as adolescents and positive effects on their future adult health.<sup>25</sup> In turn, this positively impacts the health of future children.<sup>26</sup> There is growing evidence that adolescent obesity strongly predicts adult obesity and associated morbidity and that maternal obesity during pregnancy is linked to obesity in the children.<sup>27</sup>

## **YOUTH EMPOWERMENT, INCLUSION AND MOBILIZATION IMPROVE HEALTH OUTCOMES**

- Engaging young people in structured activities that link them to each other and to institutions enhances their self-awareness and social achievement, improves mental health and academic performance and reduces rates of dropping out of school, delinquency and substance abuse—all linked to improved health outcomes.<sup>28</sup>
- Including empowerment components in programs, such as viewing youth as a resource, engaging them in group dialogue, and involving them as decision-makers in their social actions, has been effective in improving health outcomes.<sup>29</sup>
- Young people have been lauded as “game changers” for their crucial role in the response to Ebola in Sierra Leone and Liberia. Young people formed their own community groups and pushed for an acknowledgement of the existence of Ebola and convinced community members to adopt preventive measures and seek treatment if ill.<sup>30</sup> In Sierra Leone, Plan International-supported youth groups comprised of around 500 young people reached over 30,000 people<sup>31</sup> through social media (to connect with those in quarantine) and sensitization approaches in the community using radio and other forms on information consumer technology (ICT).<sup>32</sup>

## **THERE IS A LACK OF YOUTH PARTICIPATION IN STRATEGIES TO IMPROVE HEALTH CARE, A LACK OF YOUTH-FRIENDLY SERVICES AND A LACK OF GOOD DATA**

- Young people face a number of barriers to participating in the development of strategies to improve health care, or influencing health care outcomes. These include negative attitudes from adults towards young people; unequal power dynamics which make collective action difficult for marginalized populations such as youth and women; and lack of youth-friendly tools and approaches.<sup>33</sup> A lack of participation from young people in programs concerning their own welfare results in a significant effectiveness gap.
- Young people are less likely to use voluntary family planning, maternal and child health services.<sup>34</sup> Adjusting health services, as age-appropriate, to offer young people privacy, to use neutral language, to reduce stigma, and to employ specially trained providers and health care staff in a whole-clinic approach, who are comfortable communicating on sensitive topics may increase service use among youth.<sup>35</sup>
- Young people are often neglected as a population group in health statistics, being either aggregated with younger children or with young adults.<sup>36</sup> In order for programming to be targeted and intentional, it needs to be measurable, which requires age-disaggregated data collection and analytics.

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