

# Adolescents and Universal Health Coverage

There are two main reasons why adolescent health is critical to the delivery of universal health coverage.

Firstly, there are nearly 1.2 billion adolescents worldwide - that's one in six of the population<sup>1</sup>.

Secondly, choices and behaviours established in adolescence profoundly impact lifelong health prospects. An estimated 70% of preventable deaths from non-communicable diseases in adults have been linked to behaviours commonly established in adolescence<sup>2</sup>.

Yet adolescents are not currently a systemic focus of national health policy or practice, and globally just 1.6% of development assistance<sup>3</sup> was spent on adolescent health in 2015.

That's why we asked adolescents for their messages to world leaders as the world turns its attention to Universal Health Coverage.



## Manifesto for Adolescent Health

What adolescents want you to know:

### *Our health challenges are complex and unique*

They result from our changing bodies and minds, but also from social pressures. We need an approach that covers all these factors.

### *Gender is a critical factor for us*

Boys as well as girls face health challenges that are defined by gender and social pressures.

### *Mental health is a significant challenge*

50%<sup>4</sup> of mental health conditions first appear in adolescence, before the age of 14.

### *We need services that are accessible and adolescent-friendly*

Staff should be appropriately qualified and our confidentiality should be respected.

### *We want to be involved*

With designing, delivering, promoting and monitoring the health services intended for us.

### *We want to be part of health campaigns*

We want to speak, we want to help design outreach and we want our voices included at every stage.

More detail can be found in a recent policy paper from WHO, Plan International and other partners – Adolescent Health: The Missing Population in Universal Health Coverage.

## Introduction

Adolescence is a unique life phase. Between the ages of 10 and 19, young people face a huge range of health-related challenges specific to their age group including mental and reproductive health and social pressures. The choices they make, and the behaviours they establish, will determine their health for the rest of their lives.

Adolescence is also a time when young people become more independent, taking care of themselves and others, developing their own perspectives and making their own decisions. They are creative, energetic and experts in their own experience. They can be – and must be – part

of the solution to the healthcare challenges they face: partners, not patients. Their ideas and their voices must be heard.

So how do adolescents themselves see the problems? What do they want to fix the challenges they face? And what action do they want from the international system? We reached out to adolescents involved in our Young Health Programmes in Kenya, India and Brazil. This manifesto summarises how they see the challenges, what solutions they have identified and how they want to be part of them.

## How do adolescents see health challenges?

**Health is a complex issue:** All three countries were clear – health is a complex challenge and services must take wider issues into account. Kenyan participants, for example, said they saw how peer pressure often leads to drug abuse; sexual assault can lead to depression; and poverty is a factor in mental health especially in relation to depression and anxiety. And across the board, they felt that more public openness and discussion of the issues adolescents face, particularly around taboo subjects like sex and sexuality, were critical – starting with schools and communities.

*“There is a direct link between road traffic accidents, self-harm and girl’s safety to alcohol consumption. Hence, it all needs to be tackled.”*

*Neha, 17, India*

**Mental health is as important as physical health:** Our participants stressed the significance of mental and psychological challenges, saying that these are as important as physical health. They spoke openly about the terrible toll of depression, violence and suicide and were clear about the complex origins of these forms of illness: poverty, social pressure, lack of information, inextricably connected with social and cultural pressures. This is very much in line with research that shows that nearly 50% of mental health conditions first appear by the age of 14<sup>5</sup>.

*“Once a boy leaves school then it means he is considered ready to earn for his family. If he doesn’t succeed then he may experiment with alcohol and drugs, which in turn increases the chances of self-harm.”*

*Kamal, 17, India*

**Gender creates issues for girls – and boys.**

These adolescents spoke frankly about sex and gender. They shared stories of adolescent girls left ignorant of bodily changes such as periods; harassed and pressured into sexual relationships and forced to marry early. They stressed the frustration and anger felt by girls who want to continue their education but are unable to because of societal and cultural norms. Their lived experience reflects the reality of the data that shows conditions relating to pregnancy are the number one killer of girls between 15 and 19<sup>6</sup>.

*“I have a cousin who is 12 and she is pregnant. Her mother has encouraged this.”*

*Larissa, 16, Brazil*

*“My parents said that studying until 12th class [higher secondary school] is enough for you”*

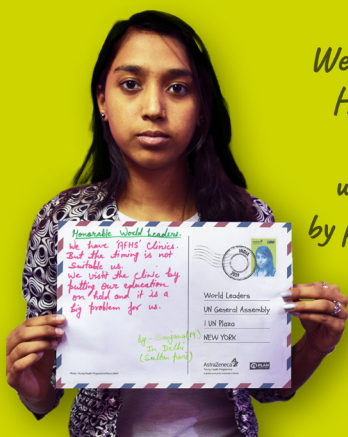
*Heena, 18, India*

*We have Adolescent Friendly Health Services clinics but the timing is not suitable with us. We visit the clinic by putting our own education on hold and it is a big problem for us*

*Sanjana, 19, India*

*We need health counsellors in our schools*

*Monika, 15, India*



*“You go out of the house, you are suffering harassment, You wear short shorts and you are judged”*  
Larissa, 16, Brazil

But gender norms don't only impact girls. Many of the boys spoke strongly about how their gender makes them vulnerable. In Brazil and India, they described the extreme pressure on young men to find jobs. In Brazil, they emphasised how “macho culture” also creates pressure to become sexually active, and prevents boys from talking about how they really feel. As a result, they often turn to drugs and alcohol. It's easy for gender to become code for issues relating to girls, they said – but boys suffer gender related pressures too. These experiences were echoed by participants in Kenya.

*“We don't know where we can get sexual health related education. Girls can talk to their mothers – we can't”*  
Ajay, 16, India

*“The man must always be the strong man, the macho”*  
Claudio, 16, Brazil

*“There are parents who say, I'd rather have a thug son than a homosexual son”*  
Emanuelle, 16, Brazil

**Adolescent health services are not good enough:**  
Another common finding was that all these adolescents felt that the services available to them are often unsuitable. In many cases, health facilities are too far away, involve long waiting times and are too expensive. Very few are designed specifically for adolescents. Participants said staff were often insufficiently trained in adolescent health and unable or unwilling to offer a confidential service. Several identified a gap in services related to particularly urgent adolescent needs, such as mental health and sexual and reproductive services. And in rural areas, they said, the problem is far worse.

*“I don't have the choice to approach a female doctor for my problems with sexual health”*  
Neha, 16, India

*“The adolescent clinic time is 12.00 to 2.00 – so if any of us want to visit the clinic then we must miss school”*  
Ranjana, 16, India

*“Most health facilities in my community do not take the issues of young people seriously. I am never heard. I am usually given a pain killer and told to go home”*  
Derick, 13, Kenya

*“Doctors do counselling in a common room, where privacy and confidentiality are compromised”*  
Tashu, 18, India

## What solutions do adolescents identify?

The good news is that our participants believe that some basic steps could make a dramatic difference. Their recommendations focus on practical steps that are easily implemented, and underline that involving adolescents in finding solutions isn't just good policy, it's the way to build solutions that actually work.

**Ensure staff understand adolescent health:** hire staff with this understanding and knowledge or offer training to existing staff. In particular, ensure that those providing care have expertise in key specialities, specifically mental health, and sexual and reproductive health services.

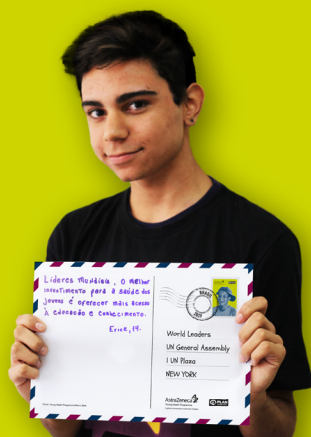
**Provide services that are accessible:** make them affordable to young people (who may have little or no income) and free at the point of delivery. It also means offering services in places and at times that work

for adolescents. Many of our participants suggested integrating health and education: appointing health counsellors in schools, incorporating health education into the education system at all levels, and ensuring that the times for clinics mean that students don't have to choose between getting the help they need, and going to class. Several participants also mentioned the need for confidential services – adolescents need to trust the medical professionals they confide in.

**Involve adolescents in health services:** To ensure that services meet their needs, adolescents must be involved in the design, implementation and monitoring/evaluation of health services that are aimed at them. Our participants stressed that they needed to be seen as partners, not patients – they bring ideas, insight, skills and creativity

*Global leaders, the best investment for adolescent health is offering more access to health services and knowledge*

Erick, 14, Brazil



*Specialist doctors should be available for boys and girls*

Heena, 18, India





and are frustrated at not being more involved by health authorities in health service management.

**Take a holistic approach:** They were also clear that the approach to adolescent health should be broad, thinking about laws and policies as well as services. Participants stressed the importance of strengthening existing policies and law, particularly around tobacco and alcohol – and, where laws exist, of implementing and enforcing them.

*“We have good laws and policies – we don’t need new ones, but a new strategy for implementation is much required”*  
Chand, 18, India.

Our participants also stressed the importance of access to health information. In Brazil, participants said that existing organisations which help young people get access to the information they need must be strengthened and incentivised.

*“Most of our learning is from friends and the internet, where young people meet bad content”*  
Serah, 19, Kenya

*“Create a system that deals with a big problem for us: depression. And another for HIV/AIDS”*  
Rafaela, 17, Brazil

**And finally, advocacy: Put adolescent voices at the heart of campaigns.**

When it comes to the role of international agencies, our participants were clear that they want not just to be part of campaigns, but to design, implement and lead them. In Kenya, participants suggested that they be trained to carry out campaigns. In Brazil, they felt that discussions around health campaigns should be part of school life, again with adolescents at the helm.

*“We can present our concerns to global leaders if we get the chance”*  
Azad, 19, India

At the very least, adult experts need to ensure they listen and continually learn from adolescents. In Kenya and Brazil, participants challenged such experts to stay in touch with young people, to listen to them, not judge them and to help them speak. And they need to actually try and implement the things they recommend, not just talk about them.

*“Have you really stopped to think about this? Have you thought about our health?”*  
Larissa, 16, Brazil

*“Sign agreements and make changes that do not stay only on paper. You have to honour your word”*  
Emanuelle, 16, Brazil

## Methodology

Plan International talked to adolescents in three countries on three continents: Kenya, India and Brazil, in June 2019. Two focus group discussions were held in each country, and participants were invited to express their views directly to world leaders through writing ‘postcards’.

The adolescents who participated in this programme are part of our Young Health Programme, a community investment initiative co-funded by Plan International and AstraZeneca in 2010 to improve the health outcomes of young people.



- 1 Adolescent Health: The Missing Population in Universal Health Coverage. WHO and partners, April 2019
- 2 Kuruvilla, S. Sadana, R. Villar Montesinos, E. Beard, J et al. A Life Course Approach To Health: Synergy With Sustainable Development Goals. WHO Bulletin, 2018;96: 42-50
- 3 Li Z, Li M, Patton GC, Lu C. Global Development Assistance for Adolescent Health from 2003 to 2015. JAMA Network Open. 2018;1(4):e18107
- 4 WHO. Adolescents and mental health. 2017. Available at: [https://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/mental\\_health/en/](https://www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en/). Accessed 17.1.2019
- 5 Adolescent Health: The Missing Population in Universal Health Coverage. WHO and partners, April 2019
- 6 Causes of Death Among Adolescents: Global Health Estimates. WHO, 2016

**AstraZeneca**  
Young Health Programme  
A global community investment initiative



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