

Adolescence: a second chance to tackle inequities

Two very different reports, published last week, make a strong plea to pay more attention to an age group that is frequently invisible, neglected, or vilified in discussions on health and wellbeing. The UN Population Fund's (UNFPA) State of World Population 2013 report *Motherhood in childhood: facing the challenge of adolescent pregnancy* serves as a reminder that there is the enormous unfinished issue of 7.3 million births that occur to adolescent girls in developing countries every year. And at the launch of the final report of the *Review of social determinants and the health divide in the WHO European Region*, its chair Michael Marmot warns that "unemployment, particularly the persistent high level of youth unemployment, is a public health time bomb waiting to explode".

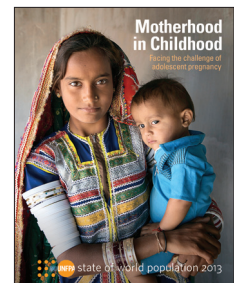
With the largest ever adolescent population of about 1.2 billion worldwide and more than 88% living in developing countries, it is extremely important to consider the consequences of the environment that these young people grow up in. The social determinants of health for adolescents will not only have immediate effects on their health and wellbeing, they will have far-reaching effects on their health and wellbeing as adults and on that of future generations, society as a whole, and perhaps even the future of humankind. For a just and equitable world, achievements in child health and development need to be followed through by providing an enabling and empowering environment for adolescents and young people to have opportunities and choices for a healthy life. Many global health initiatives and reports now acknowledge the so-called life-course approach but for this age group, in particular, there are many challenges and threats, as well as windows of opportunity and a second chance to harness resilience and the power to shape the future.

However, as the UNFPA report harrowingly describes, every day 20 000 adolescent girls younger than 18 years give birth, 2 million births every year are in girls younger than 15 years, and these "early pregnancies reflect powerlessness, poverty and pressures". In many instances, actions to tackle these adolescent pregnancies are aimed at the girls themselves, thereby implicitly attributing fault and responsibility—a misguided approach, the report rightly argues. Instead an ecological approach needs to be taken, looking at the determinants of adolescent pregnancy, such as child marriage, lack of secondary education, lack of sex

education and access to contraception, and displacement, conflict, and crises. A common gap when assessing adolescents' health and their social determinants of health is also highlighted in the report. Data on 10–14 year olds are rarely collected and yet with earlier puberty, this age group is particularly important for education and preventive efforts. The eight recommendations for the way forward would have far-reaching effects beyond preventing motherhood in childhood. Examples are: reach girls aged 10–14 years; invest strategically in adolescent girls' education; adopt approaches grounded in human rights; ensure adolescents' access to comprehensive sex education, family planning services, and maternal health care and make these services youth-friendly; and engage men and boys to lead more gender-equitable lives.

The European report on social determinants of health shows differences within and between countries. And while it emphasises differences in early childhood, such as relative childhood poverty, it notes the stark differences in youth employment largely as a consequence of the economic crisis. Youth unemployment, for example, was 7.9% in Germany compared with 52.7% in Greece in April, 2012. Unemployment disempowers and is strongly linked with poor mental health and increases in health-risk behaviours, such as alcohol misuse. If unemployment happens at the start of adult life, these risk factors will have long-lasting and devastating effects at a stage when excitement, enthusiasm, and creativity should prevail. Again, there is a gap in this report on health-risk behaviours in the 10–14 year age group. Smoking and alcohol misuse are only reported in those 15 years or older. The education system is highlighted as an important vehicle for addressing the inequity of opportunity and that of outcomes.

To further explore these themes and influence decision makers across all sectors to pay specific and targeted attention to adolescents and young people, *The Lancet* has initiated a Commission on Adolescent Health and Wellbeing, which aims to report in 2015. Entrenchment in work and education structures built a generation ago, perpetuation of gender inequity by denying girls the right to education and health, and denying young people engagement, empowerment, and self-determination is endangering our future. The cost of inaction is not only too high, it is also morally wrong. ■ *The Lancet*



For the UNFPA report see <http://www.unfpa.org/webdav/site/global/shared/swp2013/EN-SWOP2013-final.pdf>

For the *Review of social determinants and the health divide in the WHO European Region* see http://www.euro.who.int/__data/assets/pdf_file/0006/215196/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-final-report-Eng.pdf