

Adolescent Health and Psycho-social resources

Takashi Asakura^{1),3)} & Sachi Tomokawa^{2),3)}

1)Tokyo Gakugei University

2)Shinshu University

3)Japan Consortium for Global School Health Research(JC-GSHR)

The Lancet devoted featured issues on adolescent health in 2007 and 2012.

In 2016, The Lancet commissions titled “Our future: a Lancet commission on adolescent health and wellbeing” has been published.

Why has The Lancet focused on adolescent health repeatedly?



<http://www.thelancet.com/commissions/adolescent-health-and-wellbe>

Who is adolescent? What is adolescence?

The terms “adolescents”, “youth” and “young people” are used differently in various societies. These categories are associated—where they are recognized at all—with different roles, responsibilities and ages that depend on the local context.

According to Keynote address by Dahl RE in Ann. N.Y. Acad. Sci., it is defined as “**adolescence in human is the awkward period between sexual maturation and the attainment of adult roles and responsibilities.**”

Why adolescent?

The rapid prolongation of adolescence worldwide.

If adolescence begins with sex maturation (i.e. pubertal onset) and ends up with taking social responsibilities as an adult, how long is a period of adolescence in your countries?

Paradox

Despite adolescence is a developmental period of being stronger, bigger, faster, and smarter, the major sources of death and disability in adolescence are related to difficulties in the control of behavior and emotion.

Inaccordance of development

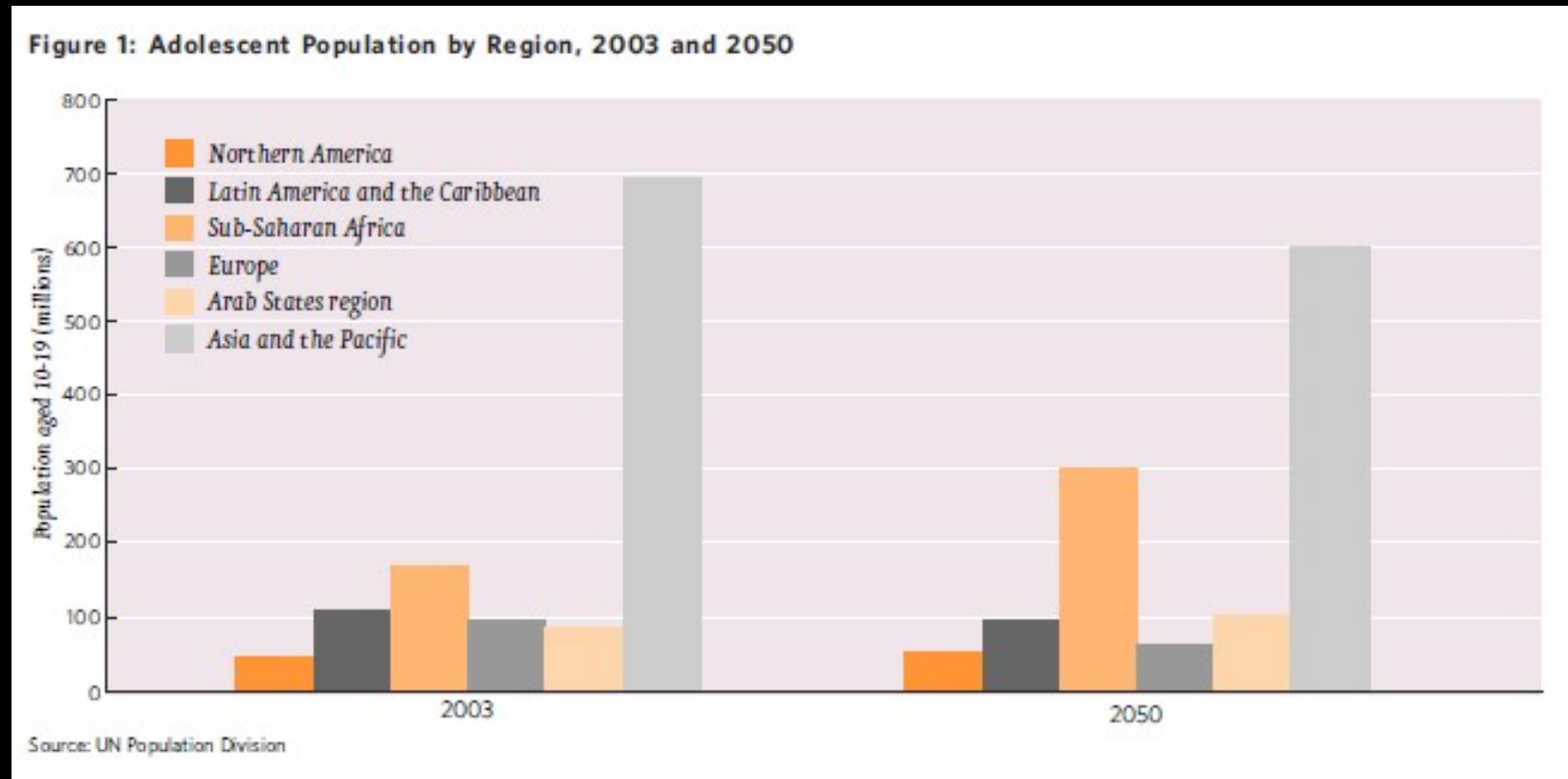
Biological, psychological, and social development are occurring unbalanced.

Why is adolescent so important?

There are several reasons why we should focus on adolescents:

1. The largest population ever experienced
2. Misunderstanding or do not well understand, sometimes more
3. A time in life that harbors many risks, but one that presents opportunity for health and wellbeing.
4. Discrepancy between sexual and psychosocial maturity experienced.
5. Today's young people are the future for society and nation

1. The largest population ever experienced.



Nine out of ten among 1.2 billion adolescents (20% of all population) are living in developing countries.

Asia and Pacific region has the largest population of Adolescents (600 to 700 millions) in the world.

2. Misunderstanding or do not understand well sometimes ignore.

The ages from 10-19 are rich in **life transitions**. How and when young people experience these varies greatly depending on their circumstances. **However, we know far less in a systematic way about adolescents** than about other age groups and even less about early adolescence.

As knowledge about development of the brain in particular has advanced, it becomes clear that **the notion of adolescence as a stage of sexual maturation is far too simplistic**. **Neuroendocrine changes and process** influence adolescent behavior, the way of thinking and decision making.

Young people: **not as healthy as they seem** (Blum RW. 2009. Lancet 374:853-854.)

. A time in life that harbors many risks, but one that presents opportunity for health and wellbeing.

Lower death rate compared with adult, but prevailing health problems among adolescents:

The Adolescent Brain:
Still Under
Construction



- Accidents
- Unhealthy lifestyles, sedentary lifestyles (obese)
- Bullying, violence, assault
- School absenteeism
- Mental health problems including child abuse, eating disorder, depression, self-injury behaviors, and suicide
- Allergic disease, atopic disease
- Problematic sexual behavior, sexual transmitted disease
- Substance abuse (alcohol, Tabaco, drug)
- Complain of general malaise

time of changes –a period of vulnerabilities and opportunities

Our future: a *Lancet* Commission on adolescent health and wellbeing

THE LANCET

~~Big problem~~
Huge opportunity

This generation of adolescents and young adults can transform all of our futures;
there is no more pressing task in global health than ensuring they have the resources to do so.

<http://www.thelancet.com/infographics/adolescent-health-and-wellbeing>

Rapidly changing physical, psychological, and sociological contexts promulgate new and sometimes unexpected health threats to youth.

What 1 800 000 000 adolescents are facing in the world today:



Youth
unemployment



Armed conflict



Promotion of
unhealthy
lifestyles



Less stable
families



Environmental
degradation



Mass migration

The opportunity lies in addressing the different health challenges faced by adolescents across the world. The three main burdens for adolescents clustered by region are:

51%

of global adolescent population

Multiburden



Infectious and vaccine-preventable diseases



Undernutrition



Sexual and reproductive health

12%

of global adolescent population

Injury
excess



Violence



Unintentional injury



Traffic accidents

37%

of global adolescent population

Non-communicable
disease



Physical disorders



Mental disorders



Substance use disorders

917 000 000
adolescents

Sub-Saharan Africa,
southeast Asia, and Oceania

219 000 000
adolescents

Syria and Iraq, Latin America,
and central Asia

661 000 000
adolescents

North America, most of western
Europe, southern Latin America,
and Australasia

917 000 000
adolescents

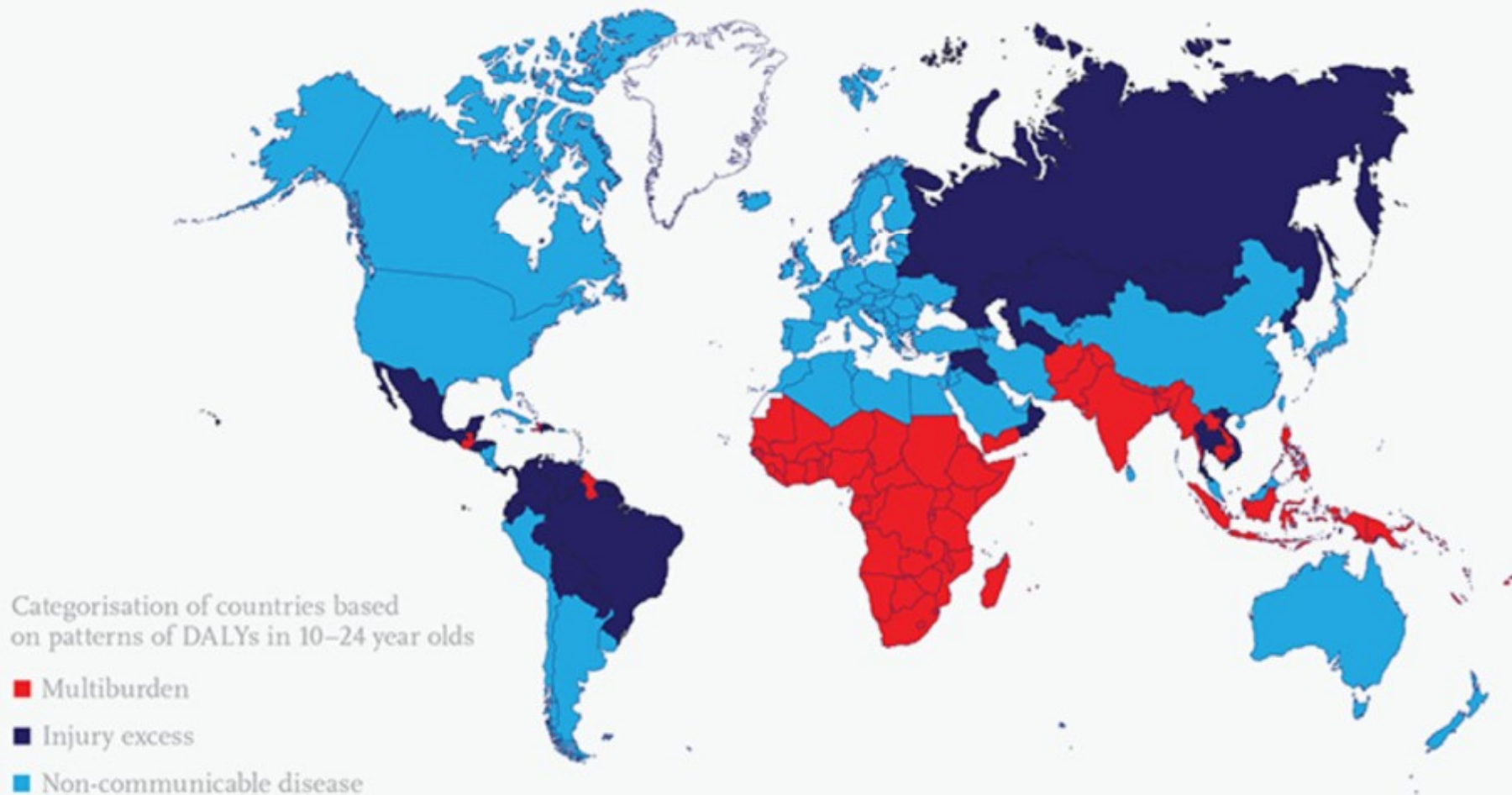
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Five things that can be done to create the opportunity and improve the health and wellbeing of adolescents:



1. Universal
comprehensive
health care



2. Access to free,
quality secondary
education



3. Protect the
rights of
adolescents



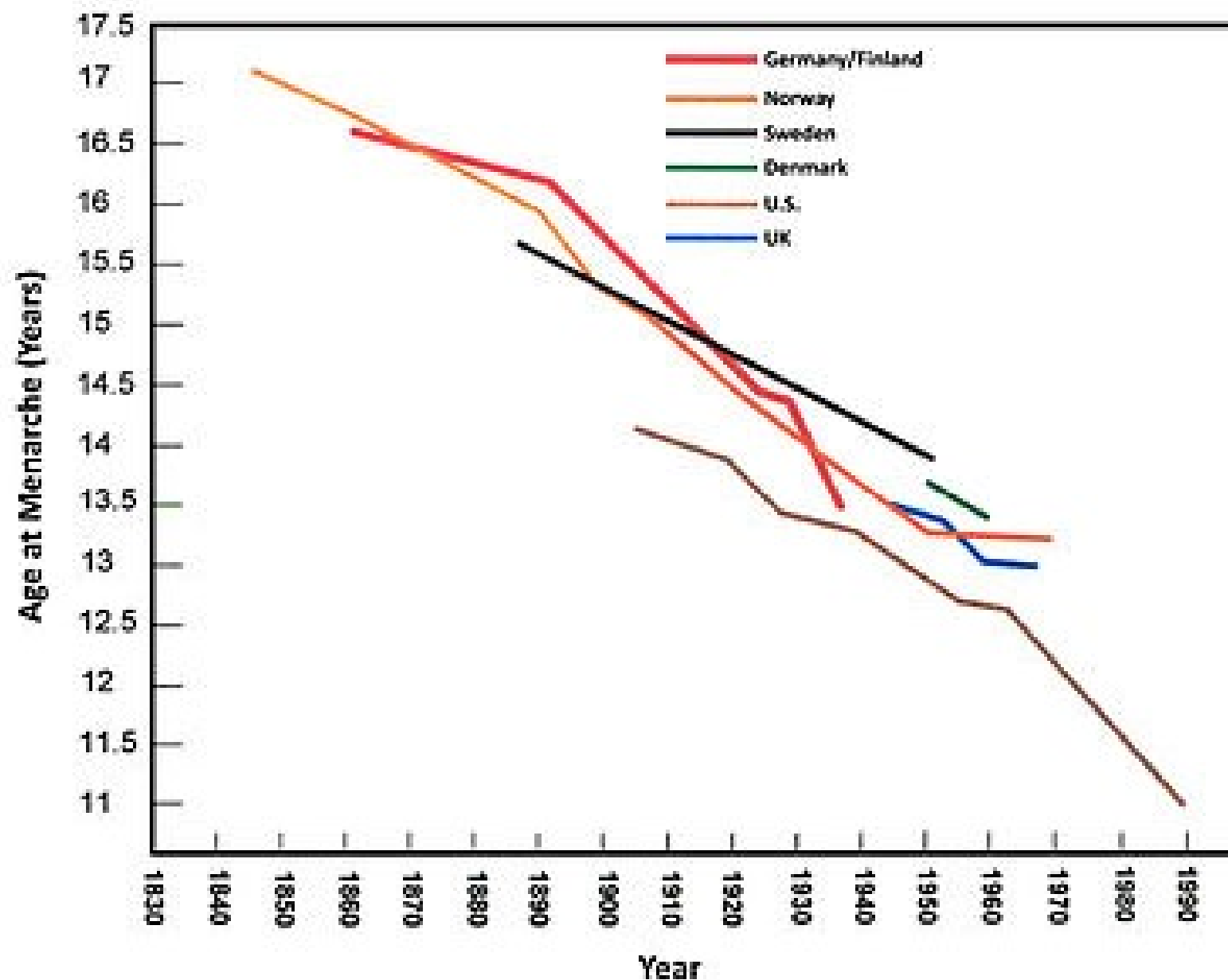
4. Promote
healthy
environments



5. Establish
national youth
commissions

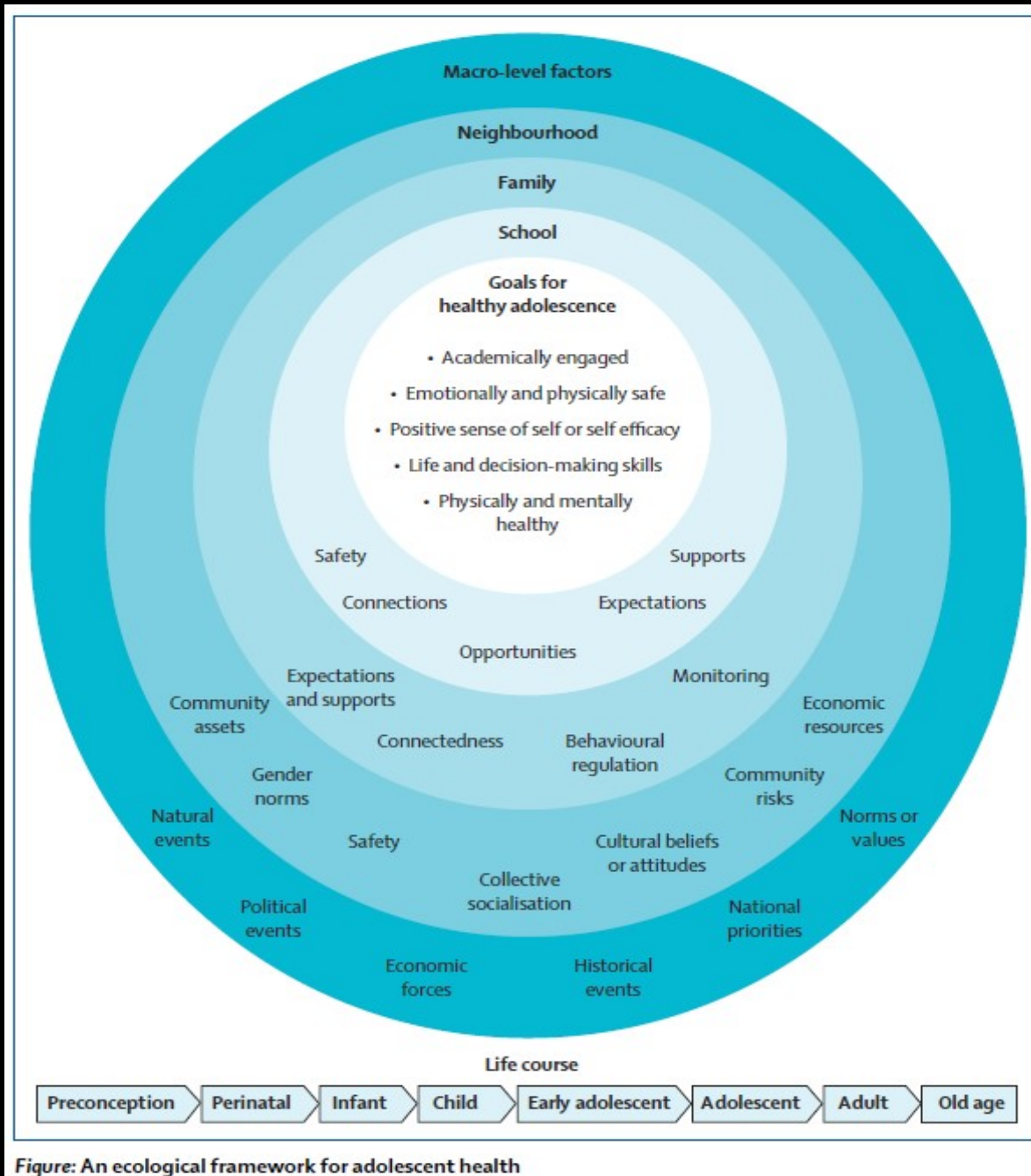
Discrepancy
between sexual
and psychosocial
maturity ever
experienced.

Even sex mature,
all psychosocially
immature.



How do we understand adolescent health?

Ecological framework for adolescent health



To achieve these goals for healthy adolescence, we need to promote

- 1) school engagement
- 2) sense of emotionally and physically safe
- 3) positive sense of self or self efficacy
- 4) life and decision making skills
- 5) physical and mental health.

But how?

We need to think strategically and ecologically.

. Today's young people are the future for society and nation.

By 2030, the year SDGs should be achieved, today's adolescents will be political leaders or policy makers. To achieve SDGs successfully, their engagement is vital.

Investing in adolescents' health and rights will yield large benefits for generations to come.

Two philosophies of strategy for intervention and health policy: **an utilitarian approach** (benefit – cost) vs. **a human right approach**.

Utilitarian approach is likely to take the easy way to get results.

UNFPA. State of world population 2003—making 1 billion count: investing in adolescents' health and rights—. http://www.unfpa.org/sites/default/files/pub-f/swp03_eng.pdf)

Psychosocial resources protect adolescent health

Building psychosocial assets

Leventhal and colleagues. 2015. Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *Journal of Adolescence* 5:284-295.)

Social support

Social capital

Self-esteem, self-efficacy

Mastery, a sense of control

Resilience

Developmental assets

Roles of Psychosocial resources

Reduce risk behaviors or risk factors.

Buffer relationships between harmful exposures/experiences and health outcomes.

What is Developmental Assets Profile (Search Institute, USA)

A set of skills, experiences, relationships, and behaviors that enable young people to develop into successful and contributing adults.

Major dimensions of DAP

Social Support (peers, family, school, neighbors etc.)

Empowerment (value youth, participation, role, safety, etc.)

Norms/rules, expectation, positive influence

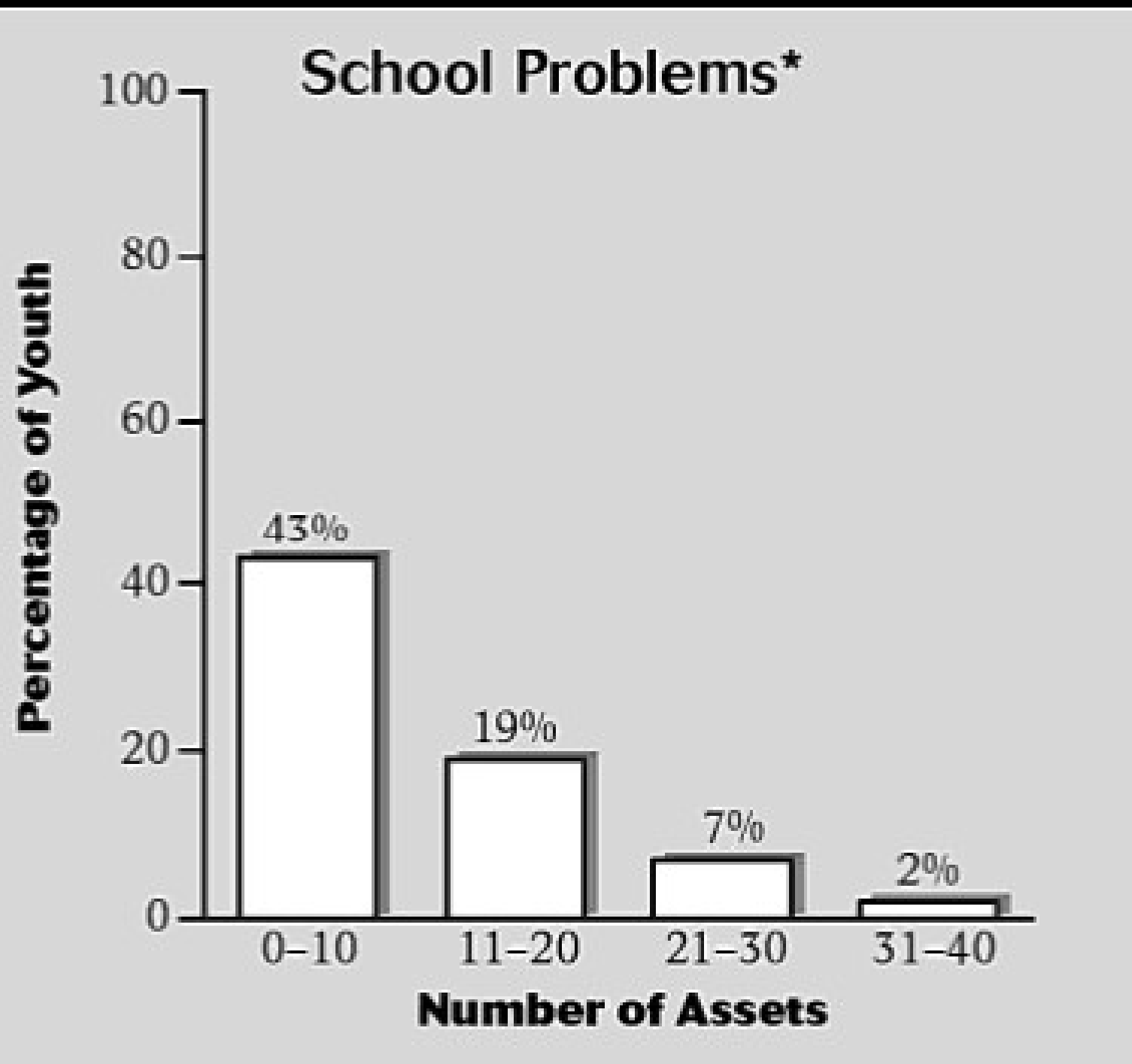
Constructive use of time

Commitment to learning and school

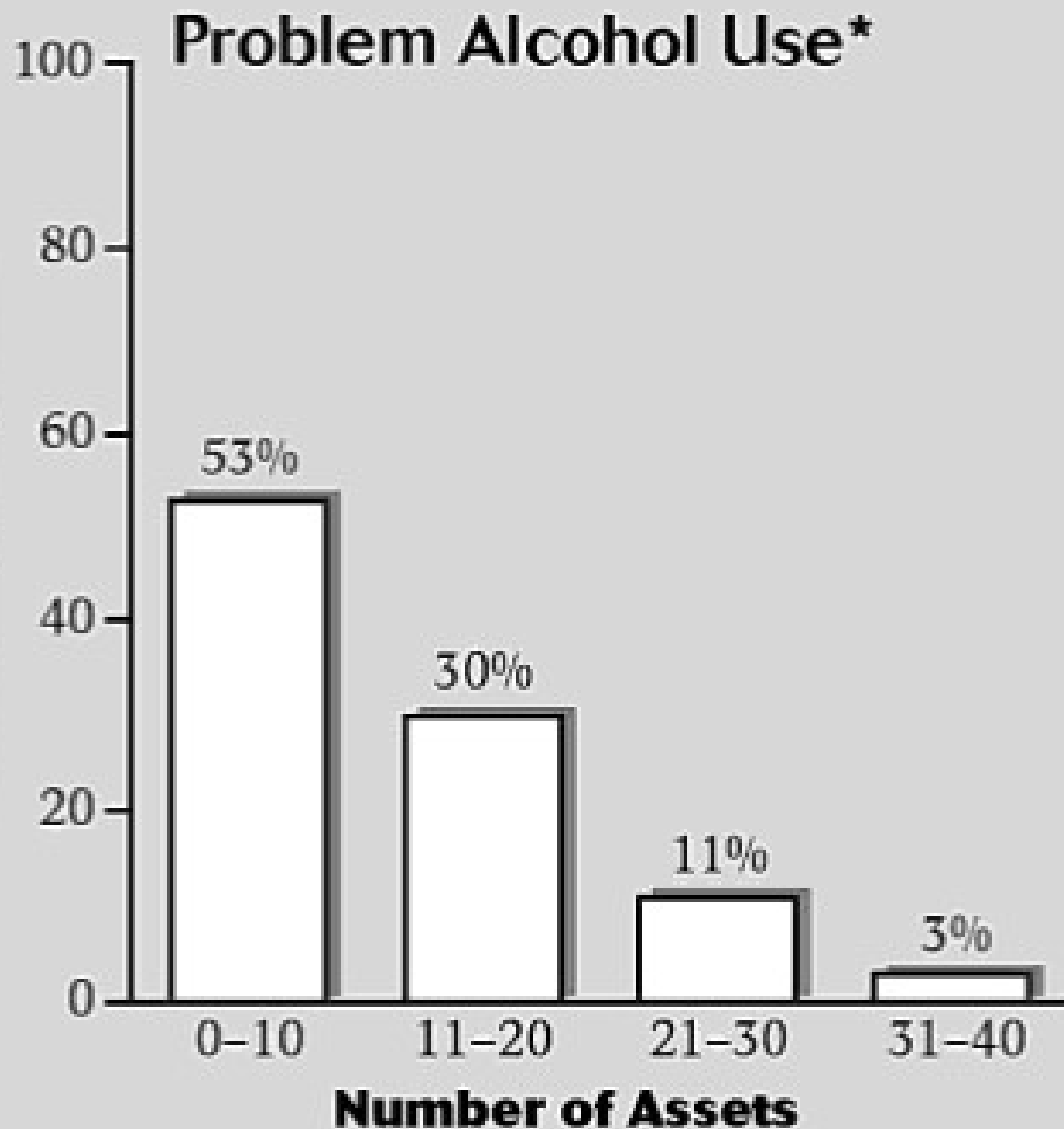
Positive values (helping, justice, honesty, responsibility, restraint etc.)

Social competency (social skills)

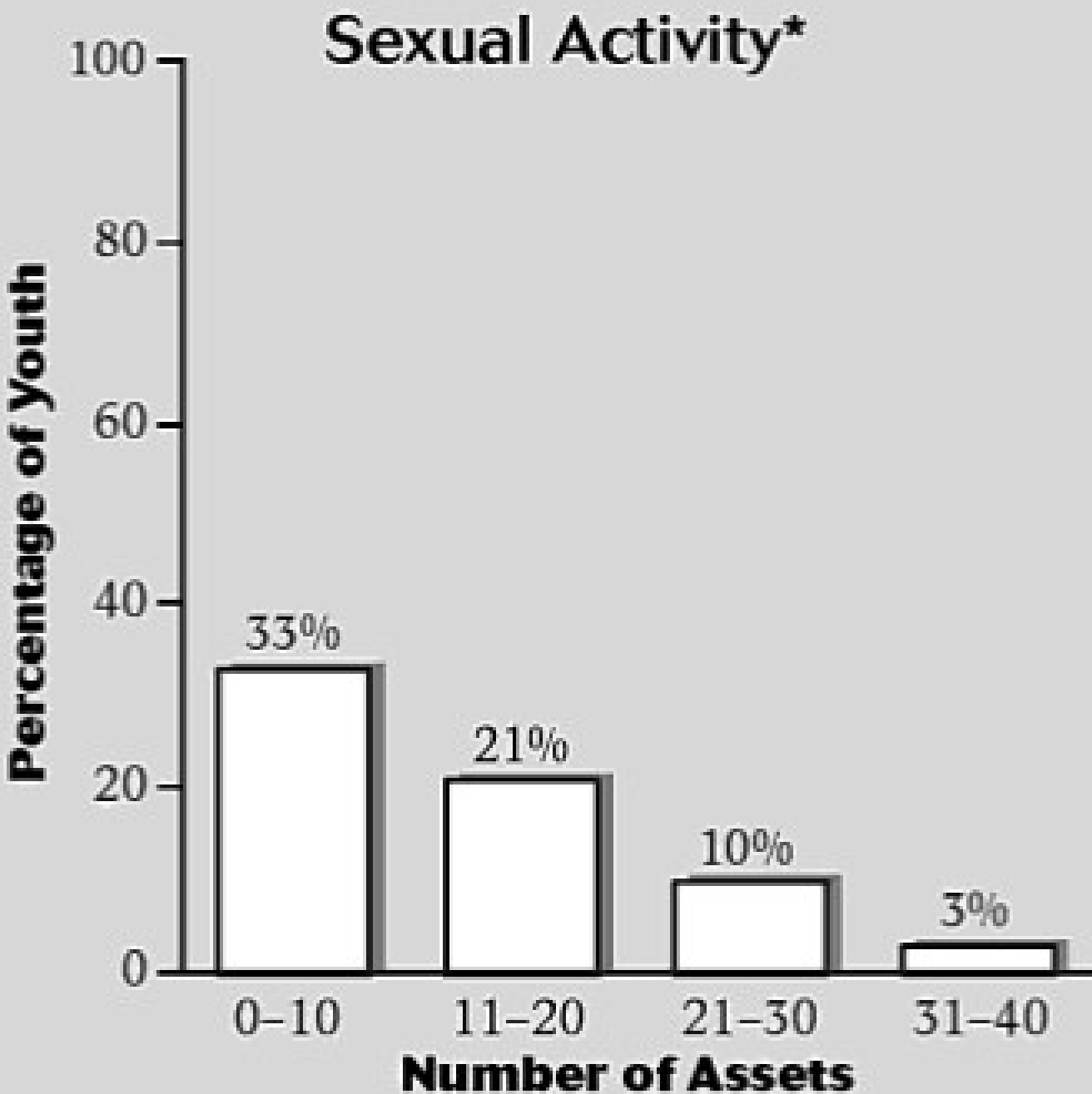
Positive identity (feels good about him/herself, optimistic about his/her future, etc.)



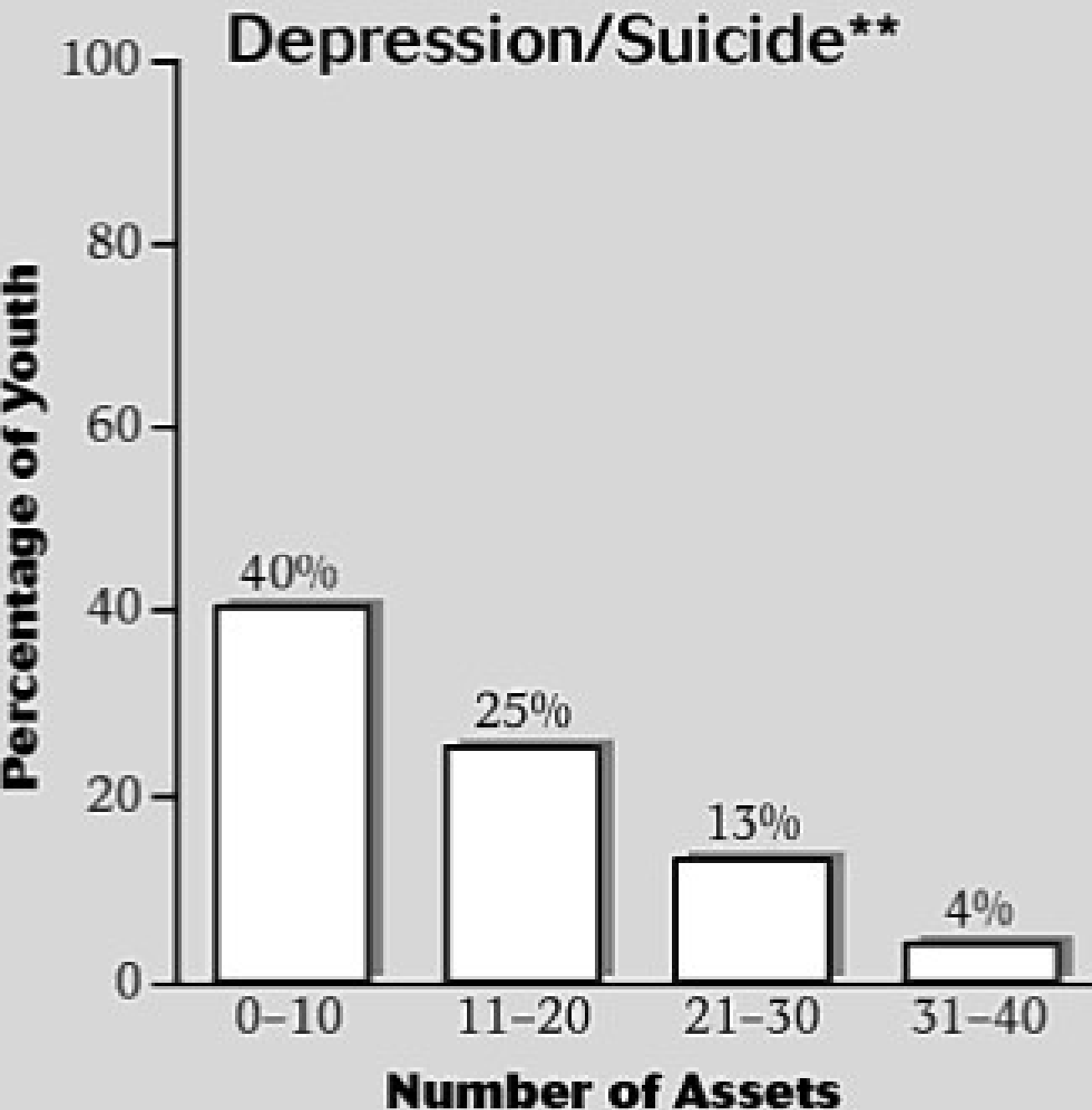
Has skipped school two or more days in the last four weeks and/or has below a C average (i.e. low grade).



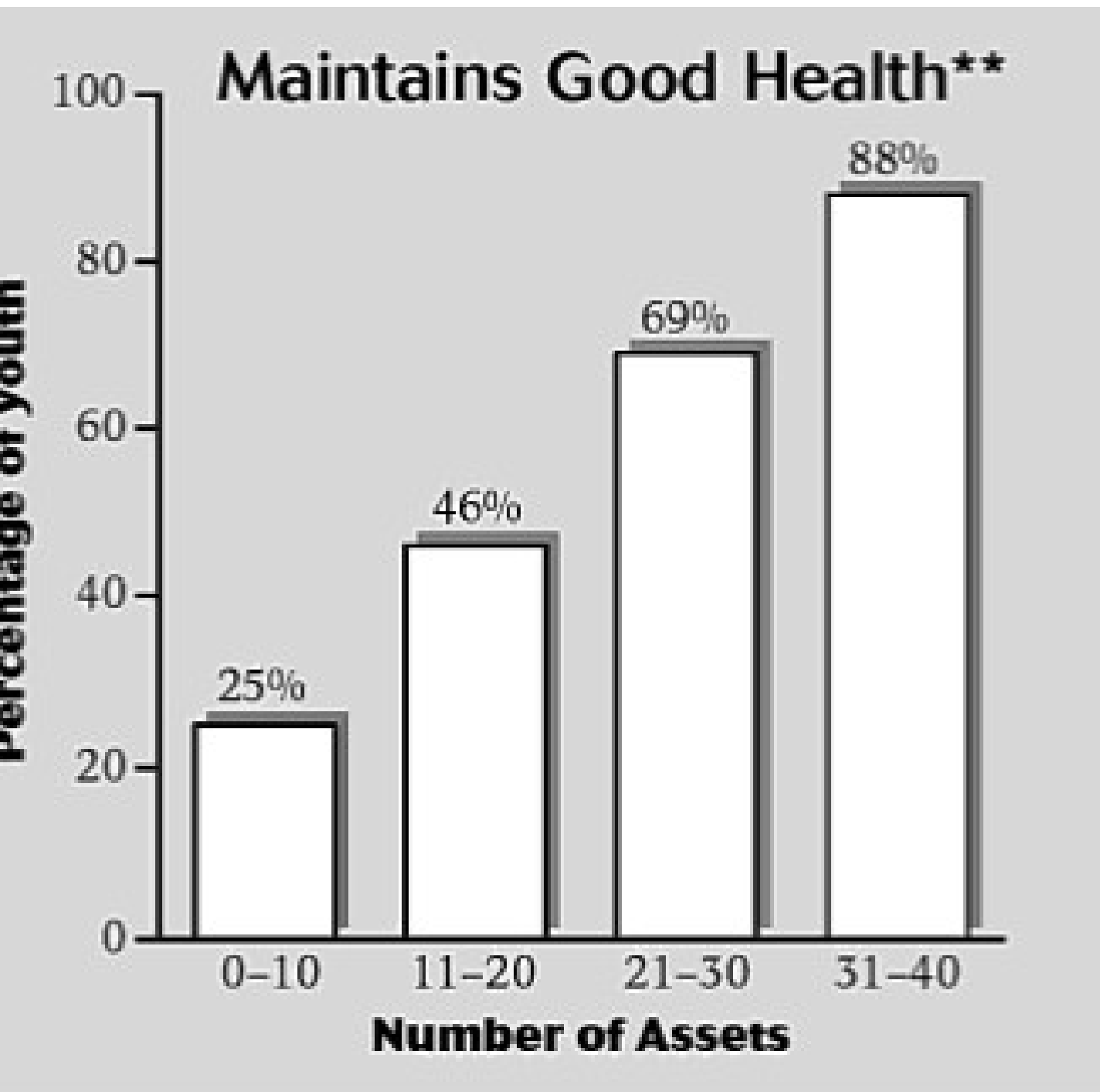
Has used alcohol three or more times in the past 30 days or gotten drunk in the past 2 weeks.



has had sexual
intercourse
three or more
times in lifetime.



Is frequently
depressed and/or
has attempted
suicide.



Pays attention to healthy nutrition and exercise.

Psychosocial resources can reduce risk behaviors or risk factors in adolescents.

How can we improve these dimensions of DAP?

Social Support (peers, family, school, neighbors etc.)

Empowerment (value youth, participation, role, safety, etc.)

Norms/rules, expectation, positive influence

Constructive use of time

Commitment to learning and school

Positive values (helping, justice, honesty, responsibility, restraint etc.)

Social competency (social skills or life skills)

Positive identity (feels good about him/herself, optimistic about his/her future, etc.)

What is social capital?

There is a long history of studies investigating the associations between neighborhood environment features and physical or mental health.

I defined “social capital” as three components such as “social trust,” “reciprocal support,” and “social norm.”

My question is whether individual social capital can moderate relationship between neighborhood environment condition and depression score.



Psychosocial resources can buffer relationships between harmful exposures/experiences and health outcomes.

My questions

How long is a period of adolescence in your countries?
From what age it begins and how old it ends up?

Which category is your country subject to in the three-main-burdens map?

How could you improve the burdens?

Which psychosocial resources could be feasible for intervention, health policy, school health education, or community development in your country?

Thank you for your attention.