

## Adolescent health: an opportunity not to be missed



With its launch of this adolescent health Series, *The Lancet* aims to highlight an area of health care that remains neglected, marginalised, or ignored in many countries. Under the guidance of Glenn Bowes and George Patton from the Royal Children's Hospital, Melbourne, Australia—one of the few hospitals with a longstanding tradition and experience of adolescent medicine—*The Lancet* publishes six papers that put the spotlight on special health issues of adolescents and young people and that argue strongly for a concerted effort to create youth-friendly health services worldwide.<sup>1-6</sup>

Adolescence is a time in life that harbours many risks and dangers, but also one that presents great opportunities for sustained health and wellbeing through education and preventive efforts. In the 21st century, young people face an unprecedented situation in many ways. Worldwide there are now an estimated 1.5 billion people aged between 12 and 24 years, the largest ever adolescent group.<sup>7</sup> Never before—at least in developed countries—has adolescence, if defined by the time from puberty onset to that of an independent responsible role in society, been as long as now. Never before was there such a discrepancy between sexual and psychosocial maturity.

Drug, tobacco, and alcohol misuse is widespread both in affluent societies and as a means of escaping poverty and hopelessness in the slums of developing countries and emerging economies. Many young people are exposed to a great risk of contracting serious sexually transmitted diseases, such as HIV/AIDS, while having lost one or both parents and having to look after younger siblings. Over 10 million young people aged 15–24 years live with HIV/AIDS worldwide and an estimated 15.2 million children younger than 18 years have lost one or both parents to AIDS.<sup>8</sup> A continued lack of education and limited choices make girls, in particular, vulnerable to having to deal or live with the consequences of unwanted pregnancies. Unsafe abortions are a leading cause of deaths in young women in developing countries.<sup>9</sup> In developed countries, the proportion of overweight and obese young people is rising at an alarming rate. In the USA, for example, about 17% of young people are classified as overweight or obese; this percentage

has tripled since the 1970s. For the first time, there is now a danger of a substantial drop in life expectancy with chronic diseases, such as diabetes and early signs of cardiovascular disease, appearing in teenagers and young adults. Without addressing this trend at an early stage, emerging economies and developing countries will have to face a similar burden in due course.

Many countries fail to put sufficient emphasis on the special needs of adolescents. Adolescents are either treated the same as children or have to share facilities with older adults, a particularly inappropriate approach to adolescent mental health care. The USA, Canada, and Australia are notable exceptions, with dedicated multidisciplinary adolescent health-care centres, active adolescent medicine societies, and dedicated, appropriately trained adolescent health physicians. In the UK, a 2003 report by the Royal College of Paediatrics and Child Health, *Bridging the Gaps: Health Care for Adolescents*, recognised all the shortcomings within the health system: lack of access to primary health care; concerns about confidentiality, consent, and privacy; insufficient education of health professionals;

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The printed journal  
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Panos Pictures

Rwandan boy orphaned by HIV/AIDS, in care of relatives

and absence of dedicated hospital wards.<sup>10</sup> Yet, little progress has been made in the past 4 years. Society continues to regard adolescents with deep suspicion. Instead of promoting prevention and engagement, antisocial behaviour orders and prison sentences are readily distributed. Everybody agrees that today's young people are the future for society and each particular nation. Yet young people are often not taken seriously enough to seek and respect their views and opinions. Completely senseless paradoxes exist. Until recently, it was possible in the UK to buy cigarettes at 16 years of age but the notion to lower the age of voting is meeting continued resistance. Parents and teachers dread the years between the ages of 14 and 18 rather than awaiting them with great curiosity about the next generation's new approach to life's challenges.

With growing successes in neonatal care and increased child survival—largely achieved by sustained and expanded vaccination programmes—in both developed countries and, hopefully in the not too distant future also in developing countries, eyes should be firmly focused on the teenage years. Rather than talking about an existing gap in services that needs to be bridged, adolescent health-care services should be perceived as the most important opportunity to treat emerging

problems early and prevent ill-health by educating about and firmly establishing a healthy lifestyle. Only then will the full potential of future generations be met.

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## Us and them: worldwide health issues for adolescents

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Why do the health and social needs of young people sometimes command attention, but sometimes remain obscure? The invisibility of certain societal problems is caused partly by a lack of documentation. Examples abound: the stark photographs by Jacob Riis, the Danish reformer who went to the USA in the late 19th century, shocked the conscience of a nation, with images of child factory-workers and extended families languishing in dank tenement buildings.<sup>1</sup> Michael Harrington's *The other America: poverty in the United States* achieved the same for hunger and poverty as public-health priorities of the early 1960s.<sup>2</sup> In Australia, Burdekin's report highlighted the plight of homeless and socially disadvantaged youth in a way that provoked shock and shame.<sup>3</sup> Common to these examples is the slow agenda-building on behalf of groups that have remained invisible because of their stigmatised or diminished status.<sup>4</sup>

This *Lancet* Series shows deep sensitivity to the complex health and social needs of young people, and how those needs evolve in the face of sociocultural change worldwide. The papers in this Series incorporate three fundamental principles: first, rapidly changing social contexts promulgate new and sometimes unexpected health threats; second, health and ill-health are understood best as a result of complex interplay between biological, psychological, and sociological factors; and third, such sociological factors have global reach in their effect on young people.

Contextual change igniting new threats to health is exemplified by the movement of rural populations to towns. The sequelae of concentrated poverty, crowding, and increased exposure to harm signals new health and social threats to populations, and is under way in many developing countries.<sup>5</sup> Slow sensing and response mechanisms that are intended to alert health