

Knowledge Brief

Health, Nutrition and Population Global Practice

HEALTH AND WELL-BEING OF YOUNG PEOPLE: A MULTI-SECTORAL APPROACH TO OPERATIONAL PLANNING

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May 2017



KEY MESSAGES:

- Young people's (ages 10-24 years) health outcomes are affected by a multitude of factors (or determinants) both within and outside the health sector. These factors affect their life choices, their opportunities, and their life outcomes, including health outcomes.
- A multi-sectoral approach to addressing adolescent/youth health is critical to ensuring that interventions address health and social determinants (direct and indirect factors) of adolescent health. Such an approach emphasizes cross-cutting linkages and aims to create synergies between different development sectors.
- Key investments in health, education and labor markets, as well as social protection and social inclusion, support adolescent/youth health and well-being. How to prioritize investments and interventions depends on the country context. There are multiple paths, with no one size fits all. Striking the right balance becomes a matter of need, resources, skills, and the political economy.

Introduction

Young people's health and well-being has strong implications for achieving healthy and productive adult lives, increasing the potential of future generations, and economic prosperity within communities. Adolescents (ages 10-19 years) account for 18 percent of the world's population. Along with people 20-24 years of age, this cohort of population forms the largest share of the global population - a share that is expected to grow over the next several decades. Adolescence, especially, is a time of transition, and is characterized by physiological and emotional changes that affect adolescents' behaviors (Crone & Dahl 2012). During this critical and vulnerable time, adolescents also face new challenges as they transition to adulthood. These include decisions surrounding their health and well-being such as sexual activity initiation and family formation that affect their future health and life opportunities (WDR 2007, WDR 2012; Sawyer et al. 2012).

Healthy adolescents and youth who transition to healthy adulthood are more likely to be more productive members of society. Key investments in health (including sexual and reproductive health), education, and economic opportunities

for this population cohort are important to ensure that they enjoy opportunities to develop their human capital potential to its maximum. This is all the more relevant as countries experience demographic transition with declining fertility and improved dependency ratios. With appropriate investments, these countries have the potential to benefit from a demographic dividend (World Bank 2007; World Bank 2015; Lancet 2016). This requires working multi-sectorally with a comprehensive approach to improving adolescent health.

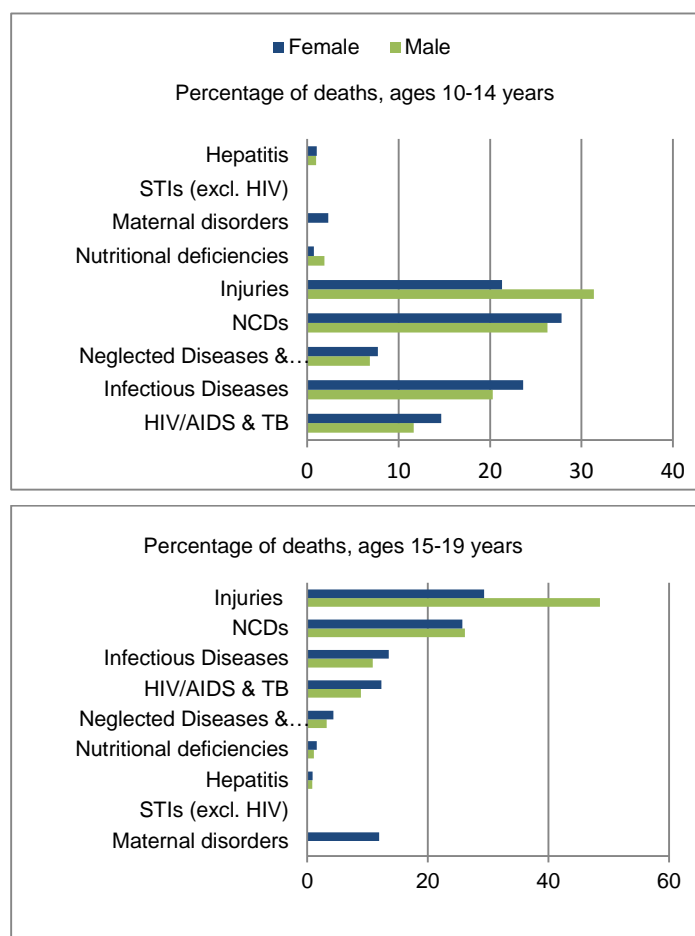
This note presents an overview of the multi-sectoral linkages between young people's health and its social determinants. It highlights key areas of social, educational, and economic interventions that support their health and well-being.

Adolescent Health Overview

An estimated 1.3 million adolescents died in 2012, mostly from treatable causes. Mortality was higher among older adolescents aged 15-19 years and boys compared to younger adolescents ages 10-14 years, and girls. While the causes of death were multiple, the major burden was due to injuries and non-communicable diseases, and in the case of

adolescent girls, pregnancy related ill-health. As Figure 1 shows, causes of death differ by both age and gender.

Figure 1: Causes of Deaths among Adolescents, 2013



Source: IHME 2016, data for developing countries only

The burden of disease is generally higher among girls than boys except for deaths due to injuries, which include injuries due to interpersonal violence and war. However, girls bear a significant burden of disease due to reproductive and maternal disorders, including sexually transmitted infections and HIV/AIDS (WHO 2014; IHME 2016; Lancet 2016).

Risky behaviors such as alcohol and drug use or unsafe sex are the main causes related to injuries, HIV/AIDS and poor maternal health outcomes. In fact, unsafe sex has been the fastest growing risk factor, having increased from the 13th to the 2nd highest ranked risk factor between 1990 and 2013 (Lancet 2016).

Multi-Sectoral Approaches

Adolescent health outcomes are affected by a multitude of factors or determinants within and outside the health sector. These factors affect their life choices, opportunities, and outcomes, including health outcomes. A multi-sectoral approach encompasses interventions that address health and its social determinants - the direct and indirect factors –

that affect adolescent and youth health and well-being. Such an approach emphasizes cross-cutting linkages and aims to create synergies between different sectors.

In recent years there has been greater recognition of the importance of multi-sectoral approaches for improving adolescent health outcomes. The WHO calls for effective responses across a range of actors and sectors to support adolescent health (WHO 2014), an approach that is echoed in the recent Lancet Commission on Adolescent Health and Well-Being (Lancet 2016). The World Bank Group and International Development Cooperation also recognize the benefits of multi-sectoral approaches. The challenge now is how to effectively translate the need for multi-sectoral approaches into action at the country level through social sector investments in the design and implementation of national adolescent health and well-being programs.

EDUCATION

Education, and specifically formal secondary education, is a closely related and integral social determinant of health and adolescent fertility – a relationship also emphasized by the Adolescent Health Lancet Commission (2016).

Education affects health through a number of direct and indirect channels: increasing knowledge and awareness about health and healthy behaviors; developing skills that improve opportunities for employment and income generation (provided the education is linked to labor market needs); and contributing to a higher quality of life with better access to health services. Secondary education is also a preventive factor against early pregnancies and risky or violent behavior.

Strategic areas where the health and education sectors can support each other on adolescent health include:

- ✓ Collaborating on **school health programs** at the national or sub-national levels.
- ✓ Supporting **incentives** for girls and boys to stay in school, thereby enhancing secondary school (or higher) completion rates.
- ✓ Supporting **technical and vocational education** opportunities focusing on marketable skills.

To maintain focus on multi-sectoral linkages, it is important to keep track of relevant indicators in the partnering sector. Key monitoring indicators for education include:

- School enrollment rates.
- School dropout rates.
- School completion rates.

Of particular interest to the health sector is whether incentives are offered or can be; and if the education system includes provision of health education and if so, the scope of such education. Targets related to these would also need to part of the monitoring and evaluation process:

- Number of beneficiaries of incentives programs by [primary/secondary/tertiary] level.
- Number of beneficiaries with additional year of education due to the incentives programs.
- Number of drop-outs from the program and school.
- School curricula include health education at [primary/secondary/tertiary] level.
- Health education includes comprehensive sexual and reproductive health education.
- Support services [by type, such as counseling] exist for students.
- Community/parent outreach on health education curricula by school system.

In addition, projects should also monitor the quality of health education being provided. Some useful indicators that may be used here include:

- Standardized curriculum for health education.
- Curriculum adheres to international standards in breadth and depth.
- Number of teachers trained and certified to provide health education.
- Student learning provided in a safe environment.
- Retention of knowledge for school health curriculum.

For most indicators, gender and age groups (10-14 years, 15-19 years, and 20-24 years) are important dimensions for monitoring information. Monitoring indicators should be further parsed by measures of equity such as income, region, and ethnicity. This also aligns with a human rights-based approach to programming.

SOCIAL PROTECTION

Social protection mechanisms facilitate access to health services. They remove financial barriers, especially for the poorest and most vulnerable, through provision of subsidized services and reducing out of pocket expenditures through mechanisms such as insurance and incentives.

Collaboration on health-focused social protection interventions can take the form of:

- ✓ Support to **public health insurance** for all members of a household.
- ✓ **Cash and in-kind transfers** that encourage use of health services.
- ✓ **School-sponsored health programs** that provide basic health services to students at no or low cost.

It should be noted that except for school-sponsored health programs, these interventions do not directly target adolescents. Often, the discourse on health insurance or cash transfers for health, focuses on the poor or vulnerable groups such as ethnic minorities. While rightly so, adolescents as a specific age group are rarely the target population. To ensure adolescents (ages 10-19 years) and youth (ages 15-24 years) are covered, targeting mechanisms and monitoring and evaluation frameworks

need to be adapted to include them as specific beneficiary group(s).

In addition, service packages should be adolescent/youth-friendly, covering interventions that support access to and use of health services for adolescents and youth, taking into consideration their rights to information and privacy.

Within the parameters of a project, consideration to adolescents and youth (ages 10-24 years) as specific sub-groups should be supported through appropriate monitoring. With this in mind, potential monitoring indicators may include:

- Out of pocket expenditures on health care.
- Number of adolescents and youth that are social protection program beneficiaries.
- Health insurance package covers adolescent/youth-friendly sexual and reproductive health services.
- Number of youth who access sexual and reproductive health services due to insurance/incentives programs.
- School health services cover sexual and reproductive health services.

Age is an important dimension for disaggregation for social protection interventions, to ensure that interventions are in fact reaching adolescents and youth. Data should also be disaggregated by gender and other measures of inequality.

LABOR MARKETS

Adolescent and youth health outcomes and their future consequences are also linked to labor market outcomes, even if the relationship may not be direct. From the outset, gainful and stable employment affords households greater financial stability, which contributes to the health and well-being of household members including children and adolescents. Children in higher income households, for instance, are more likely to be immunized than those in low income households. Similarly, girls in the highest income households are half as likely to have an unwanted pregnancy as compared to those in the lowest income households (Gillespie et al 2007).

However, labor market interventions can also contribute to adolescent and youth health and well-being. For example, a recent evaluation of a community-based Empowerment and Livelihood for Adolescents in Uganda found that increasing girls' participation in self-employment improved their control over their own bodies and shifted gender norms in favor of girls' empowerment (WBG Africa Gender Lab, 2016). On the other hand, a study on youth in Southern Eastern Europe found that lack of employment opportunities exposed youth to risky behaviors such as violence, substance abuse, unsafe sex, and early pregnancies (La Cava et al 2006).

Interventions that are relevant from the health sector's perspective relate to market opportunities for adolescents and youth, and include:

- ✓ Supporting better **working conditions** for adolescents and youth such as healthy work spaces.
- ✓ **Awareness building** through workplace programs such as on prevention of sexual exploitation.
- ✓ Ensuring **legal frameworks** promote fair wages and reduce exploitation of children, adolescents, and youth.
- ✓ Supporting **part-time employment, volunteer or internship opportunities** that channel focus on productive activities and prevent negative or risky behaviors.
- ✓ Supporting **education interventions that align learning with labor market needs**, including opportunities within the health sector itself (such as for health extension workers).

Some readily available, key monitoring indicators, are:

- Labor force participation ages 15-24 years.
- Employment by sector ages 15-24 years.
- Unemployment rate ages 15-24 years.
- Age dependency ratios.

As with others, disaggregated data by gender and age should be collected where possible. While intermediate indicators will depend on a given project, having an adolescent/youth oriented focus is important.

SOCIAL INCLUSION

Social norms and attitudes play a pivotal role in how, when, and where adolescents and youth access the health system. Understanding the conditions or norms that govern the inclusion and exclusion of adolescents and youth in seeking and receiving healthcare, especially sexual and reproductive healthcare, is an important part of understanding the political economy.

Since social inclusion is a vast area, country context becomes all the more important in understanding the unique social barriers for adolescents to access health services. It also helps to understand factors that cannot be quantified easily but affect health outcomes, such as provider attitudes. Social norms can be complex and take time to change. Understanding these norms can help to identify complementary interventions that can be implemented to facilitate supply, access, and use of health services in the short-term and that will contribute to behavior change in the long-term. Focusing on inclusion as part of health projects will help with the provision of well-planned adolescent and youth-friendly services and creating a supportive environment through:

- ✓ Addressing **social and cultural barriers** that inhibit adolescents and youth on the basis of gender, ethnicity, and residency, and other dimensions of exclusion.
- ✓ **Community out-reach** for creating buy-in and demand for adolescent/youth health and social services.

- ✓ Investing in **safe spaces** for adolescents and youth to spend their leisure time productively (e.g. playing sports, learning a skill, or volunteering), and learning about health.

These types of interventions will also contribute to **violence prevention** (including gender-based violence) and reducing other negative behaviors. Moreover, there will be greater opportunity of reaching out-of-school adolescents, who are often at the highest risk of poor health outcomes.

Indicators collected in adolescent-focused health surveys, such as Knowledge, Attitudes, and Practice (KAP) surveys originated by WHO, measure inclusion through assessing:

- Ease of access to health services (measured through location, distance, hours, and cost).
- Level of privacy and confidentiality in use of health services.
- Perceptions about provider behavior.
- Perceptions about personal behaviors such as unsafe sex, avoiding pregnancies.

Monitoring and evaluation indicators can be adapted to highlight inclusion, by collecting data along the dimensions of exclusion such as ethnicity, language, gender, and location by age. Measures of equity such as for income and education are also critical. Finally, at the aggregate level, measures of well-being such as the human development index, the gender empowerment index, and the multi-dimensional poverty index have potential to capture social inclusion.

Conclusions

This note discusses avenues for multi-sectoral approaches and strategies to address adolescent and youth health. Successful application of any multi-sectoral approach requires strong and continuous partnerships with different stakeholders including within the Bank. It requires building effective multi-sectoral teams with dedicated resources that can build bridges across different sectors within the Bank and at the country level. While opportunities for collaboration depend on country contexts, keeping adolescents and youth at the center of an intervention will help align and define multi-sectoral actions across different areas.

This HNP Knowledge Brief highlights part of the key findings from the Bank's Economic Sector Work "Investing in Adolescent Sexual and Reproductive Health: Standards of Practice in Operations" conducted by the Health Nutrition and Population Global Practice and financed by the Nordic Trust Fund (NTF). This Knowledge Brief was prepared by a WBG team composed of Rafael Cortez (World Bank's Team Lead), and Seemeen Saadat.

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