

Adolescent health: what are the issues and are we doing enough?

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Adolescent health is one of today's growing public health concerns. For most adolescents, it is a time of self-discovery and they will go through biological, psychological, social and economic changes. The United Nations defined adolescence as the stage of life at which individuals reach sexual maturity, and is the period of transition from puberty to maturity⁽¹⁾. It is within this context that adolescent sexual development and sexual behaviour occur.

Sexual and reproductive health of adolescents has emerged as an issue of concern in Asia. The main sexual and reproductive health issues facing adolescents are: sexually transmitted diseases, unwanted and unsafe pregnancies, and unsafe abortions. Trends in adolescent sexual and reproductive behaviour are changing and healthcare practitioners need to be aware of the change, and thus provide appropriate and timely medical care and education to this population.

Due to the widening age gap between menarche and marriage, there is a growing incidence of premarital sexual activity among adolescents. Although premarital sex is less common in Asia, it is clearly on the rise and this is already happening in many countries in this region. The continuing prevalence of adolescent premarital sexual activity and the low contraceptive usage has resulted in adolescent pregnancy and childbearing. This has significant effects on maternal and child health. Lee et al found that the prevalence of premarital sexual intercourse among Malaysian adolescents was relatively low⁽²⁾ as compared to developed countries, and also compared to other studies, where premarital sexual activities were found to have higher prevalent rates^(3,4) and this increase is possibly due to the social changes that Malaysia is experiencing⁽³⁾. Thus, one should not be complacent and the problem needs to be addressed urgently before it escalates further into other social problems.

Adolescent men and women have different motives for premarital sexual activities. Ng and Kamal, in their paper on bridging the gap between

adolescent sexuality and HIV risks, found a gender difference in how adolescents perceived sex, their perception of risk of contracting HIV and AIDS, and attitudes towards condom use⁽⁵⁾. They highlighted many factors which influenced adolescent sexuality, such as gender roles, power inequality, culture, social class, peer pressure and access to information⁽⁵⁾. Sexually-active young adolescents need to understand the risks involved and that they are also vulnerable to contracting these diseases. Young men tend to have the sexual debut out of curiosity or for the sake of sexual pleasure, whereas young women tend to have premarital sexual intercourse for love and associate it with marriage or a long-term relationship⁽⁶⁾. Due to gender differences in the perceptions and their motives for premarital sexual activity, the adolescent women often experience negative consequences of premarital sexual relations. As most acts of premarital sexual intercourse are unprotected, sexually active adolescents are increasingly at risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS, and where the latter subsequently leads to unwanted pregnancy and abortion.

Factors that lead to risky sexual and reproductive health risk behaviour among adolescents are lack of sexual and reproductive health information and skills in negotiating sexual relationships; inaccessibility of youth-friendly sexual and reproductive health services; and peer pressure. Another factor is the issue of sex education. In some Asian countries, for example in Malaysia, sex is still considered a sensitive topic and thus impinges on the implementation of sex education, perhaps due to religious and cultural constraints.

In the Asia Pacific region, many countries are beginning to recognise the importance of sexual and reproductive health issues for adolescents, and have adopted the 1994 International Conference on Population and Development (ICPD) programme that stresses the need to "protect and promote the right of adolescents to the enjoyment of the highest attainable standard of health, provide appropriate,

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specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies⁽⁷⁾. Knowledge alone has not been shown to effect adolescent behaviour change. Teens who have been exposed to knowledge-based sex education programmes have a significant increase in knowledge on testing but have not delayed coitus nor been more likely to use contraceptives⁽⁸⁾. Programmes that tend to be successful in changing behaviour are skill-building, problem-solving and communication-based⁽⁸⁾. Understanding how adolescents make decisions in early sexual activities is critical for intervention efforts aimed at fostering positive youth development and decreasing the negative outcomes of adolescent sexual behaviour.


Another aspect of adolescent health that warrants attention is childhood and adolescent obesity. Overweight and obese adolescents are at higher risk of continuing to become overweight adults, who are more likely to experience serious long-term morbidity, including coronary heart disease, diabetes mellitus, hypertension, and some cancers⁽⁹⁾.

Current physical activity levels among Malaysian adolescents remain low, together with unhealthy dietary practices and a passive lifestyle, leading to obesity and being overweight⁽¹⁰⁾. Lack of or minimal physical activity at home and at work, have resulted in increased morbidity and mortality from cardiovascular diseases, which are becoming increasingly important causes of premature death in the Southeast Asia region⁽¹¹⁾. Such sedentary lifestyles and unhealthy eating habits of adolescents may well lead to an increase in the prevalence of obesity today.

Doing more and regular physical activities would reduce the risks of disease, which can also be achieved by controlling other risk factors such as dietary fat intake or smoking. Further understanding and promoting the benefits of physical activity, and active and healthy lifestyles should be emphasised. There should be health promotion interventions to promote physical activity at an early stage through schools, worksites and healthcare settings.

Eating disorders, such as anorexia nervosa and bulimia nervosa, found in some adolescents is also another area of adolescent health concern. During the last decade, there has been a growing interest in this area. Ho et al, in their paper on the prevalence and profile of females at risk of eating disorders, found that eating disorder is associated with socio-demographic variables such as ethnicity and education levels, and that the prevalence of eating disorders

is comparable to that in Western countries⁽¹²⁾. Other sociocultural factors including higher social classes⁽¹³⁾, pressures to be slim, and achievement expectations⁽¹⁴⁾, are also risk factors associated with anorexia nervosa. Cultural change has been implicated as a further risk associated with eating disorders⁽¹⁵⁾. Changing sociocultural pressures may have an effect on dissatisfaction with body size⁽¹⁶⁾. Exposure of women from other cultures to Western society may lead to the development of pathological eating attitudes and abnormal eating behaviour⁽¹⁷⁾. Multi-factorial causes such as sociocultural, developmental, psychological and biological risk factors may all have their part to play in the aetiology of eating disorders.

Healthy adolescents are fundamental to a nation's development. Interventional programmes need to aim at reducing the major health burden created by unhealthy dietary habits, physical inactivity, smoking and substance abuse, as well as other chronic diseases like cancer, diabetes mellitus, asthma, obesity and heart disease. Healthier behaviour in such fields as nutrition, physical activity and sexuality should be substantially increased. There should also be an increase in the availability, affordability and accessibility of safe and health food. Promoting the sexual and reproductive needs and rights of adolescents are socially and politically sensitive topics. There has been a paucity of research on these issues. Hence, there is a lack of data on what strategies work best in different settings that can cater to adolescents' need for information, skills and services. There is thus an urgent need to increase capacity in adolescent health programmes and service delivery to cater to these adolescent health issues. Providing adolescent healthcare delivery is a challenge to the healthcare community, and much more work needs to be done through a multi-sectorial approach to promote a healthy population of adolescents and the young. 

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