

IAAH YOUTH CHARTER
11th World Congress on Adolescent Health
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INTRODUCTION

Adolescence (10 - 19 years) is a period of transition in an individual: physical, psychological, and social. Since health behaviours originating in adolescence may have life-long effects, it is imperative to take a holistic and responsive approach to adolescent health and well-being. All stakeholders engaged in policy-making and programming have a role in designing, implementing, and evaluating mechanisms that ensure health for adolescents.

KEY THEMES AND PRIORITIES

At the 11th World Congress on Adolescent Health, the Youth Drafting Committee of the Youth Charter came together to identify 8 key priorities pertaining to adolescent health and well-being. Each issue corresponds to one of 8 core thematic issues.

Sexual and Reproductive Health and Rights (SRHR)

Globally, there are 7.3 million teen pregnancies, 3 million unsafe abortions among adolescents, and 2.1 million adolescents are affected with HIV every year. This reinforces the need for and importance of comprehensive youth-friendly SRH services and rights, including safe abortion, which must be made accessible and affordable for all adolescents and young people.

Comprehensive Sexuality Education (CSE)

Adolescents and young people have the right to access quality information, including about their sexuality and overall health and well-being. Comprehensive sexuality education does not hasten sexual activity but has a positive impact on safer sexual behaviors and can delay sexual debut and increase condom use. Age-appropriate, evidence-based and Rights-affirming CSE should be made mandatory for in and out of school adolescents by the governments across the globe.

Gender Based Violence

Globally, adolescents are at a high risk of exposure to gender-based violence (GBV) and the resulting mental and physical health effects. Gender-based violence increases risk of depression, suicidal thoughts, and post-traumatic stress disorder in adolescents. As a result, proper access to psychological, trauma-informed health services, inclusive of empowerment and resiliency trainings for adolescent survivors of GBV and for adolescents of all gender identities and sexual orientations, is a key priority area for improving health outcomes for adolescents.

Mental Health and Suicide

The teenage suicide rate has increased globally, and are the second-leading cause of death amongst adolescents. The disorders associated with high rates of suicide include depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia and addiction. Thus, there is need to establish and promote recovery centers for mental illness that offer peer support, socialization, education, and trainings.

Adolescents and Young People in Humanitarian Settings

The provision of health services for adolescents in humanitarian settings is insufficient, specifically in countries like Syria, Iraq, Bangladesh, Libya and Nigeria. The availability of adolescent-friendly health commodities (particularly health kits comprising of contraceptive pills, sanitary napkins, HIV / STI medication etc.) is just as essential as shelter, nutrition, and medicines.

Sexual Orientation, Gender Identity and Expressions (SOGIE)

Across the globe, information regarding bodies, pleasure and sexuality is taboo and is systematically suppressed. Adolescents who seek comprehensive information around their gender, sexuality and SRHR come across a lot of misinformation. As a result, young people are marginalised based on their gender and sexual identity, and face barriers to accessing sexual and reproductive health services and care. Additionally, there are not always safe and inclusive spaces within educational institutions. This is further complicated by discriminatory laws and practices across the world that criminalise such identities.

HIV/AIDS

AIDS is the second leading cause of death among adolescents globally, with 2.1 million adolescents aged (10-19) are living with HIV. A lot of it stems from either misinformation or lack of information. There must be the provision of proper information to all adolescents on HIV transmission to avoid stigma, and provide good nutrition for adolescents living with HIV for them to have a suppressed viral loads to have a healthy positive life.

Non-Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) is a major public health challenge globally, resulting in 40 million deaths each year. Of these, 16 million are premature deaths, and can be averted, including nearly 3000 adolescent deaths everyday from preventable and treatable causes. Despite these startling statistics, only 1.2% of total Development Assistance for Health (donor assistance) goes for NCDs, making it one of the most underfunded areas in globally.

What can decision-makers and donors do?

We, the youth delegates at the IAAH 2017, urge funding agencies, policy makers and implementing partners to prioritise the following recommendations for investment:

1. Interventions for mainstreaming Comprehensive Sexuality Education.
2. Programmes that enable access to stigma-free and affordable youth-friendly SRHR services for all adolescents and youth, irrespective of their gender, sexuality, race, religious affiliation, ethnicity, ability, etc.
3. National and sub-national campaigns that advocate for the legalization of or effective implementation of safe abortion services in restrictive countries.
4. Multi-component programmes that promote healthy food habits and physical activity for both in-school and out-of-school adolescents, especially those in vulnerable settings.
5. Integrating NCD prevention and treatment into primary health care programs to promote healthy behaviour through a lifecycle approach.
6. Initiatives that provide adolescent survivors of sexual and gender-based violence with trauma rehabilitation services, psychotherapy and self-care trainings.
7. Longitudinal studies that compile disaggregated data on adolescent mental health across the country, especially adolescent suicide rates.
8. Initiatives that promote inclusive infrastructure and policy that secures equal access for adolescents and young people marginalised on the basis of their gender identity, sexual orientation, ability etc. within public and/or private, online and offline spaces.

Conclusion

Recognising the role of young people in envisaging and realising healthier and more informed societies is the first step to empower adolescents and youth towards Positive Youth Development. Young people, as a constituency comprise adolescents and therefore they are best placed to advocate alongside adolescents and represent their needs and concerns. Thus, the Youth Charter makes a strong case for all adolescents and young people to be viewed as equal and active stakeholders, whose meaningful participation at all levels - local, national or international - is critical towards ensuring that adolescent health policy and programming is consistent with their on-ground lived realities.

There should be a political will to invest in adolescents with a key focus on capacity-building and meaningful engagement in policymaking, and not merely seeing them as a policy target or program beneficiaries. If we want to build sustainable policy and system change for adolescent health and well-being, we need to involve the next generation as key stakeholders from the beginning in a meaningful manner, not merely tokenistic.