

Adolescence is a vulnerable phase in human development as it represents a transition from childhood to physical, psychological and social maturity. During this period, adolescents learn and develop knowledge and skills to deal with critical aspects of their health and development while their bodies mature. Adolescent girls, especially younger girls, are particularly vulnerable because they face the risks of premature pregnancy and childbirth. Since the beginning of 2000s, however, there has been an increase in adolescent births in East Asia and the Pacific regions (UNICEF, 2019[18]). The Global Strategy for Women's, Children's and Adolescent's Health 2016-30 was launched to foster a world in which "every woman, child and adolescent in every setting realises their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies" (WHO, 2015[19]).

The 1.2 billion adolescents (10-19 years) in the world today represent 16% of the global population, and the regions of South Asia, East Asia and the Pacific have the largest share of adolescents in the world with around 650 million (UNICEF, 2019[20]). In 2016, more than 1.1 million adolescents died. The main cause of adolescent deaths was road traffic injuries; other major causes include self-harm, HIV/AIDS, interpersonal violence, lower respiratory infections, diarrhoeal diseases, drowning, and complications during pregnancy and childbirth, which is the leading cause of deaths globally among girls aged 15-19 years old (UNICEF, 2019[20]).

Underweight in adolescents is associated with adverse health consequences throughout their life course. While the prevalence of overweight and obese children and adolescent in high income countries and territories was two times the prevalence reported for lower-middle and low income Asia-Pacific countries and territories (see indicator "Overweight and obesity" in Chapter 4), the prevalence of underweight was high in lower-middle and low income countries in the region. It was high among male adolescents compared to female adolescents in all Asia-Pacific countries and territories. In India, where the prevalence was the highest, almost one in three male adolescents and over one in five female adolescents were thin (Figure 4.12).

Risk factors for non-communicable disease (NCD), the leading cause of premature adult deaths, are often acquired in adolescence. They include alcohol or tobacco use, lack of physical activity, which lead to an increased risk of overweight, obesity and diabetes and, ultimately, to a higher risk of NCDs across the life course (see indicator "Tobacco" in Chapter 4; (WHO, 2015[19])). WHO recommends at least 60 minutes of moderate- to vigorous-intensity physical activity accumulated every day (WHO, 2015[19]). However, the majority of adolescents in Asia-Pacific countries and territories do not carry out sufficient amount of physical activities every day, and the prevalence of inactivity in the region is the highest in the world (Guthold et al., 2020[21]). In the Republic of Korea and the Philippines more than nine out of ten adolescents were inactive, while in Bangladesh about three out of ten adolescents did the recommended physical activity daily. In all countries and territories in the region, inactivity was more prevalent among female adolescents than male adolescents (Figure 4.13).

Adolescent pregnancies are a global problem that occurs in high, middle, and low income countries and territories. Around the world, adolescent pregnancies are more likely to occur in marginalised communities, commonly driven by poverty and lack of education and employment opportunities. For some adolescents, pregnancy and childbirth are planned and wanted. However, for many adolescents, pregnancy and childbirth are neither planned nor wanted. Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs. Adolescents face also difficulties in accessing contraceptive methods because of lack of adequate knowledge of these methods, and transportation and financial constraints. Adolescent pregnancy remains a major contributor to maternal and child morbidity and mortality, increased preterm births and low birthweight and to intergenerational cycles of ill-health and poverty. Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. Around 3.9 million unsafe abortions among girls aged 15-19 years occur each year, contributing to maternal mortality and lasting health problems (Darroch et al., 2016[22]). Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership. With regards to education, school-leaving is often the consequence when adolescent girls become pregnant, and this hinders their likelihood of returning into education and future employment opportunities (WHO, 2020[23]).

Adolescent birth rates vary widely across Asia-Pacific countries and territories. In Bangladesh, Lao PDR and Nepal, more than 80 out of 1 000 adolescents gave birth, whereas in Korea, DPR and the Republic of Korea the birth rate was as low as 1 out of 1 000 adolescents. On average across lower-middle and low income Asia-Pacific countries and territories, 1 out of 20 women aged 15-19 gave birth, over twice the average rate reported for upper-middle income countries and territories (Figure 4.14).

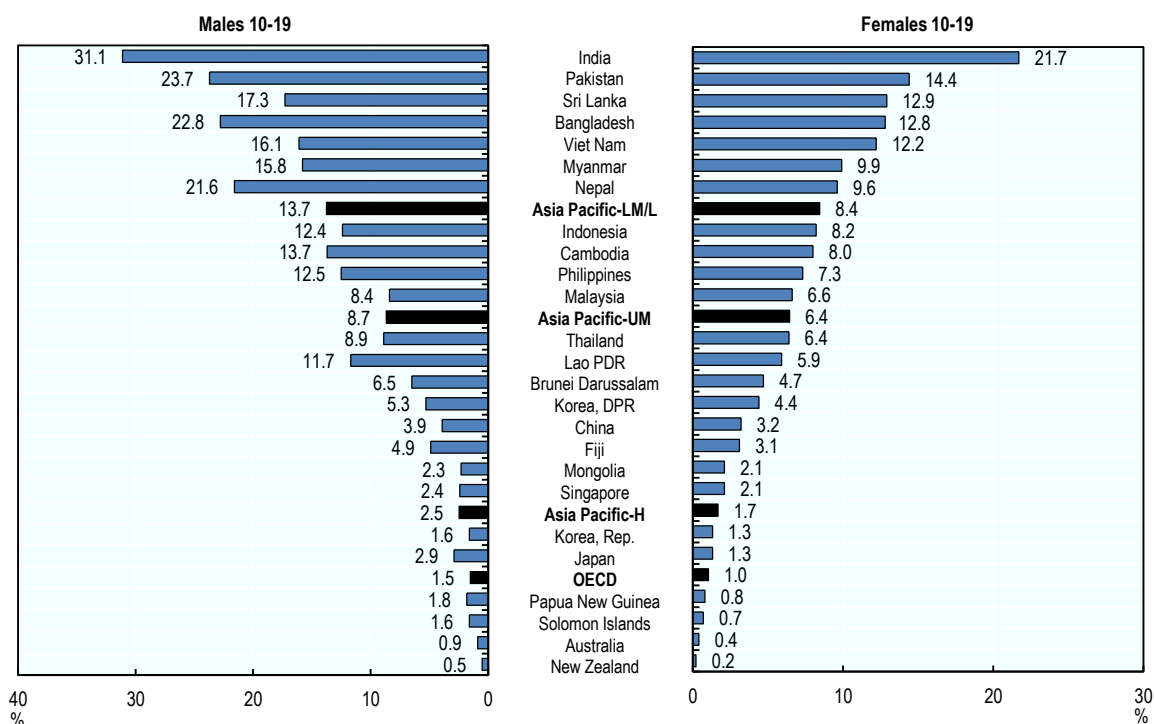
Definition and comparability

Thin adolescents are individuals aged 10-19 whose body mass index (BMI) is less than 2 standard deviations below the median.

The prevalence of insufficient physical activity refers to a proportion of school going adolescents not doing more than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Adolescent birth rate is defined as the annual number of births to women aged 15-19 years per 1 000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19 years.

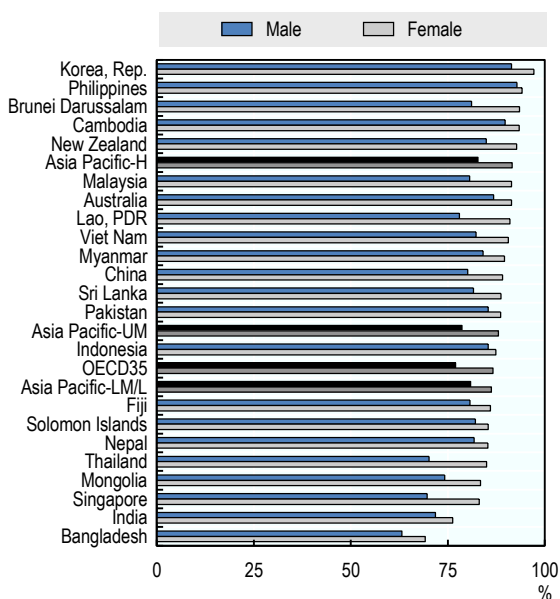
Figure 4.12. Adolescents who are thin, 2016



Source WHO GHO 2020.

StatLink <https://stat.link/s5kc2h>

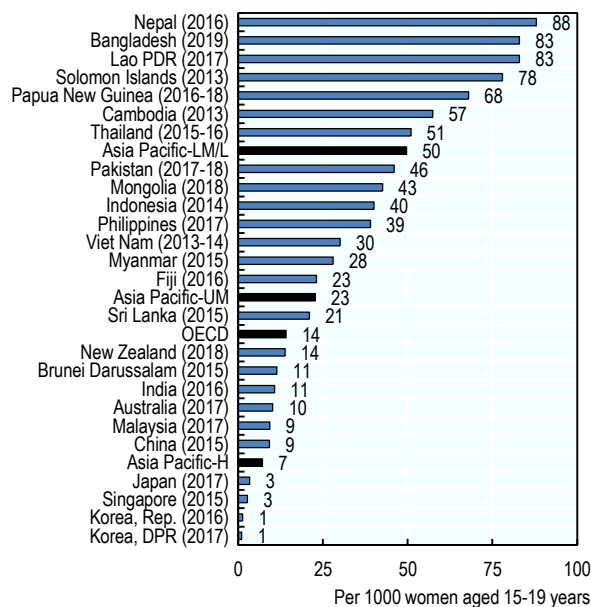
Figure 4.13. Prevalence of insufficient physical activity among adolescents aged 11-17, 2016



Source: WHO GHO, 2020.

StatLink <https://stat.link/wvpd57>

Figure 4.14. Adolescent birth rate (per 1 000 women aged 15-19 years), latest year available



Source: WHO GHO 2020; DHS & MICS surveys, various years.

StatLink <https://stat.link/87ebgk>



From:
Health at a Glance: Asia/Pacific 2020
Measuring Progress Towards Universal Health Coverage

Access the complete publication at:
<https://doi.org/10.1787/26b007cd-en>

Please cite this chapter as:

OECD/World Health Organization (2020), "Adolescent health", in *Health at a Glance: Asia/Pacific 2020: Measuring Progress Towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/3ecfb683-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.