

ADOLESCENT WELL-BEING IN LOWER-MIDDLE-INCOME COUNTRIES

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DISCLOSURE SLIDE



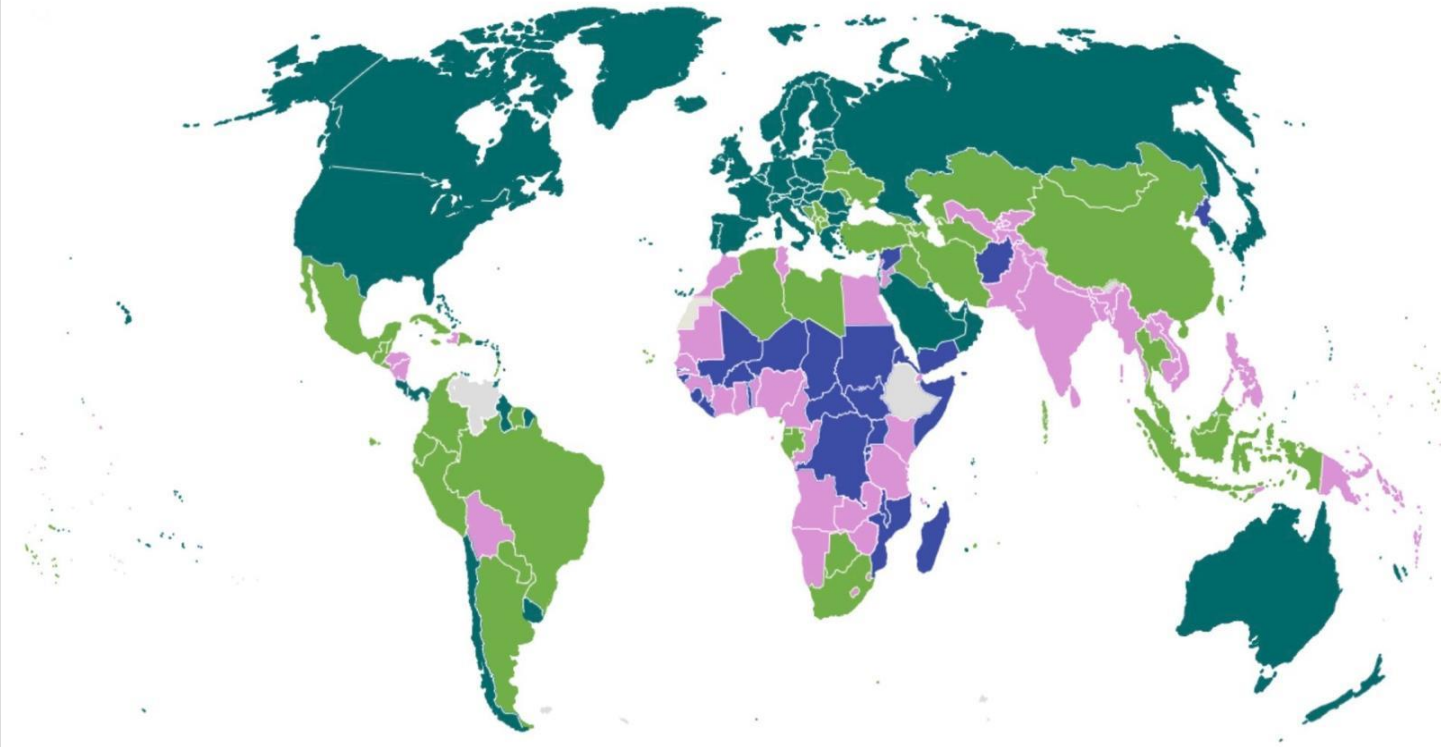
No relevant financial relationships
with ineligible companies to disclose

WHAT IS ADOLESCENCE?

- WHO: Ages 10–19
- Not just biological
- Shaped by culture and society

- Critical transition phase
- **360** MILLION adolescents in South-East Asia
- Period of opportunity and vulnerability

High Income Upper-middle Income Lower-middle Income Low Income Not Classified



WHY ADOLESCENT HEALTH MATTERS

- Foundation for adult health
- Impacts next generation
- Prevents loss of child health progress

In South Asia⁶:



26% of girls are married before 18 and 45% of **child brides** globally reside in South Asia



1 in 5 **adolescent girls gives birth** before 18; the region averages 26 births per 1,000 live births for girls aged 15–19



at least 1 in every 5 ever-partnered girls (15–19 years) has experienced **intimate partner violence** – though underreporting is pervasive



39% of adolescent girls and young women are out of upper secondary school. almost half of adolescent girls are **not in education**, employment or training



girls and women are five times **less likely to access mobile phones** than boys and men



girls aged 10–14 are more likely than boys to spend 21+ hours per week on **household chores**



55% of girls are **anaemic**; only 20–40% consume enough varied and nutritious foods



many girls **miss up to three days of school** every month due to menstruation

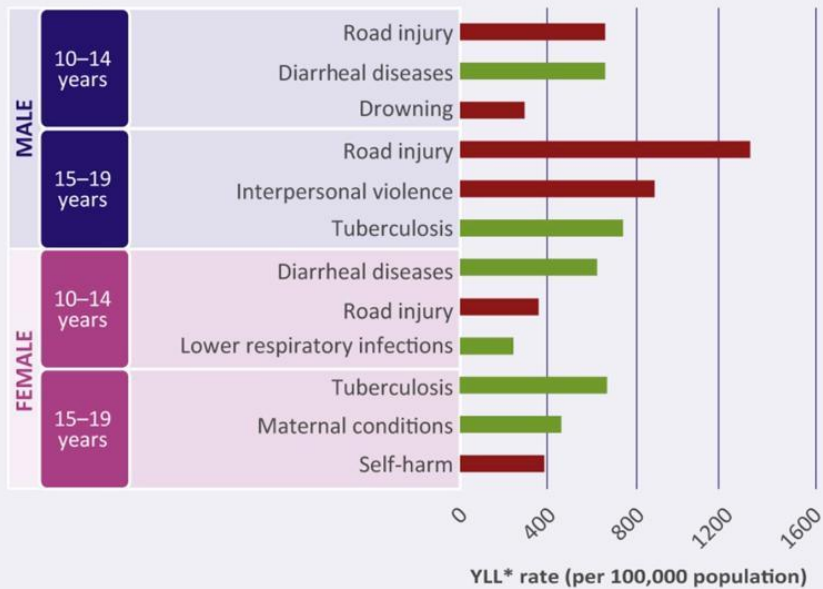


25% girls **lack access to basic sanitation**

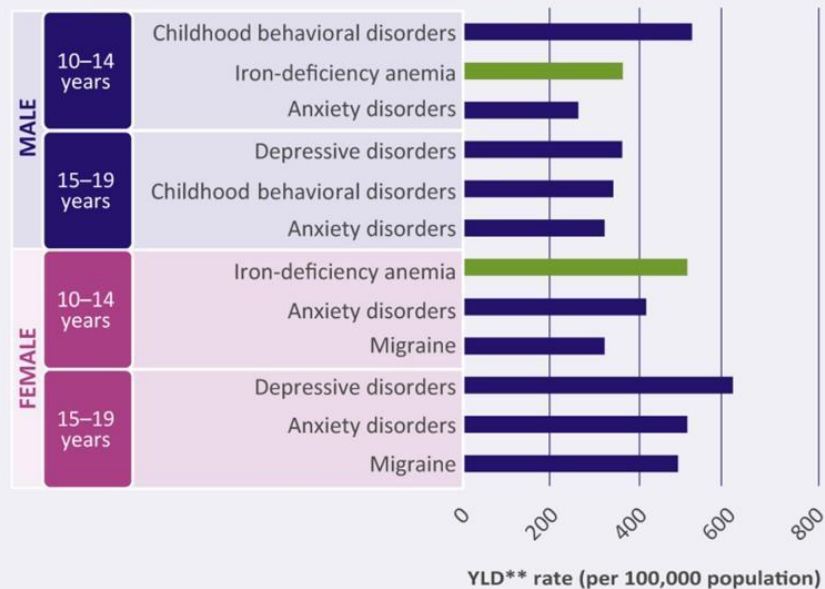
BURDEN OF DISEASE

- Road injuries, self-harm, infections
- Maternal conditions
- Mental health and anemia

MORTALITY



MORBIDITY



- Communicable, maternal, nutritional conditions
- Noncommunicable diseases
- Injuries

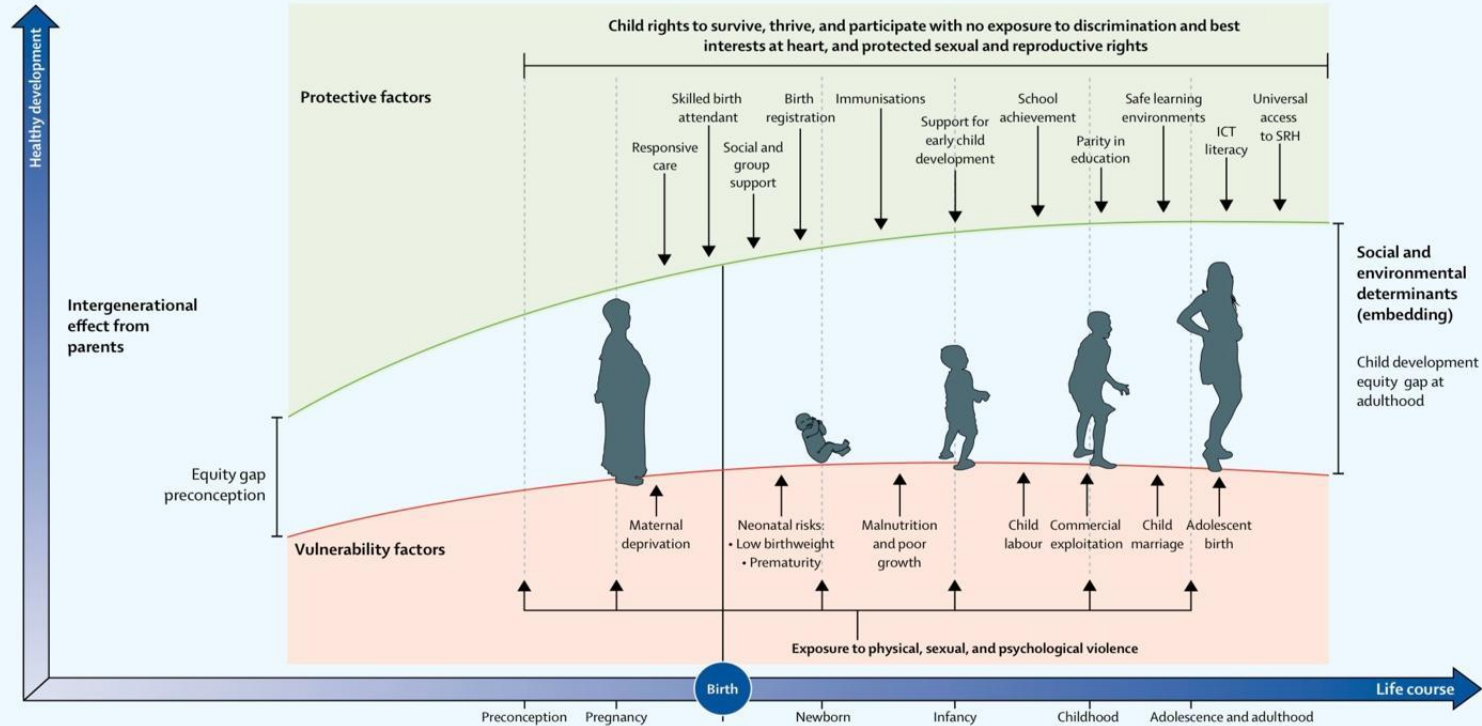
*Years of life lost (YLL) are a measure of mortality.

**Years of healthy life lost due to disability (YLD) are a measure of morbidity.

KEY RISK FACTORS

- Poverty and inequality
- Gender discrimination
- Limited healthcare access
- Cultural taboos

A comprehensive multi-domain, multi-sector life-course approach⁷



Adapted from: Clark H, Coll-Seck AM, Banerjee A, et al. A future for the world's children? A WHO- UNICEF- Lancet Commission. *The Lancet* 2020; 395(10224): 605-58.

ICT=information communication technology. SRH=sexual and reproductive health.

CULTURAL CONTEXT

- Western: independence
- South Asia: family hierarchy
- Culture shapes adolescence

CULTURAL CONTRAST

- Western vs Asian perspectives
- Individual vs collective identity
- Open vs restricted education

GENDER DISPARITIES

- High anemia in girls
- Early marriage and pregnancy
- Limited mobility and education

CASE STUDY: INDIA

- Gender bias and abandonment
- Abuse and trafficking
- Normalization of exploitation

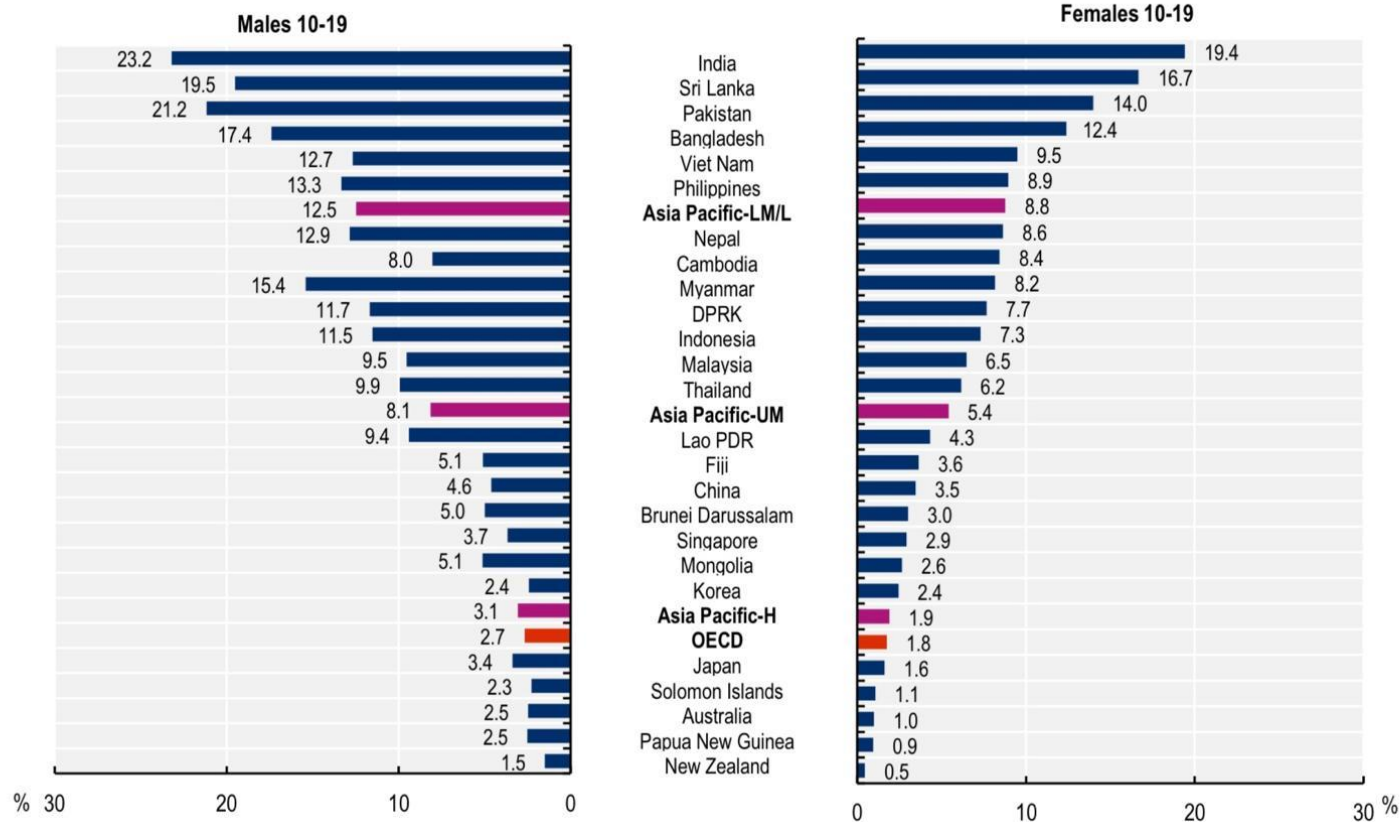
CASE STUDY: PHILIPPINES

- Economic vulnerability
- Rising HIV crisis
- Lack of awareness

CASE STUDY: PAKISTAN

- Limited sexual health education
- Early marriage
- High adolescent birth rate

Figure 4.9. Adolescents aged 10-19 years who are thin, 2022



Source WHO GHO 2024.

SOLUTIONS

- Grassroots education
- Community engagement
- Include men and boys
- Strengthen health systems

ROLE OF COMMUNITY & POLICY

- Schools and education
- Government policies
- NGOs and families



DISCUSSION

Questions & Comments?