

Unsafe sex is fastest-growing risk for ill health in teens

May 10 2016

The *Lancet* Commission's groundbreaking report released today, "Our Future: A *Lancet* Commission on Adolescent Health and Wellbeing," finds that years of neglect and underinvestment have had serious detrimental effects on the health and wellbeing of adolescents aged 10-24 years. Launched in London, the report shows that two-thirds of young people are growing up in countries where preventable and treatable health problems like HIV/AIDS, early pregnancy, unsafe sex, depression, injury, and violence are an ongoing threat to their health and wellbeing. Adolescents also face new challenges, including rising levels of obesity and mental health disorders, high unemployment, and the risk of radicalization.

The fastest-growing risk factor for ill [health](#) in young people aged 10-24 years over the past 23 years is [unsafe sex](#), the Commission found.

Columbia University was one of four global academic institutions that led the *Lancet* Commission. John Santelli, MD, MPH, chair of the Heilbrunn Department of Population and Family Health in the Columbia University Mailman School of Public Health and a key spokesperson on adolescent health issues, was a featured panelist on country responses to the report at the launch event. Terry McGovern, JD, Columbia Mailman School professor of Population and Family Health, and one of the Commissioners, took part in a panel on taking action in the secondary school setting.

"Inconsistent, irrational laws have a negative impact on adolescent

health," noted McGovern, an expert on improving healthcare for low-income women and programming relating to HIV, gender, LGBT, and human rights. "In many countries, married female adolescents can access contraception, while the unmarried cannot. These are irrational inconsistencies which result in bad health outcomes."

The single best investment we can make is guaranteeing access to free, quality secondary education, according to the report. Every year of education beyond age 12 is associated with fewer births for adolescent girls and fewer adolescent deaths for boys and girls.

Because adolescence is generally thought to be the healthiest time of life, [young people](#) have attracted little interest and too few resources. Yet most health problems and lifestyle risk factors for disease in later life emerge during these years. In fact, adolescents aged 10-24 years have the poorest healthcare coverage of any age group. Access to universal health coverage—regardless of age, gender, sexual orientation, and marital and socioeconomic status, particularly among the most marginalized—was a key recommendation of the Commission.

According to the authors, the report's findings should serve as a wake-up call for major new investment for the 1.8 billion adolescents worldwide—the largest generation in history—89 percent of whom live in developing countries. Their number is set to rise to about 2 billion by 2032.

"From a life-course perspective, adolescents stand at the crossroads of the major challenges to global health: HIV/AIDS, intention and unintentional injuries, sexual and reproductive health, and chronic disease," noted Santelli, adding that, "Investments in [adolescent health](#) have the potential to alter the future course of global health."

Other Key Findings:

- The two main contributors to health loss worldwide for both sexes are [mental health disorders](#) and road injuries although these causes of health loss differed by gender.
- Depression resulted in the largest amount of ill health worldwide in 2013, affecting more than 10 percent of 10-24 year olds.
- Unsafe sex has become fastest-growing risk factor for ill health in both males and females aged 15-19 years old, rising from 13th place in 1990 to 2nd place in 2013.
- Alcohol remains the world's leading risk factor for ill health in young adults aged 20-24 responsible for 7 percent of the disease burden.

More information: George C Patton et al, Our future: a Lancet commission on adolescent health and wellbeing, *The Lancet* (2016).
[DOI: 10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)

Provided by Columbia University's Mailman School of Public Health

Citation: Unsafe sex is fastest-growing risk for ill health in teens (2016, May 10) retrieved 12 May 2024 from <https://medicalxpress.com/news/2016-05-unsafe-sex-fastest-growing-ill-health.html>

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