

Our future: a *Lancet* Commission on adolescent health and wellbeing

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Health for All Adolescents
Webinar
Wed 1st February 2017



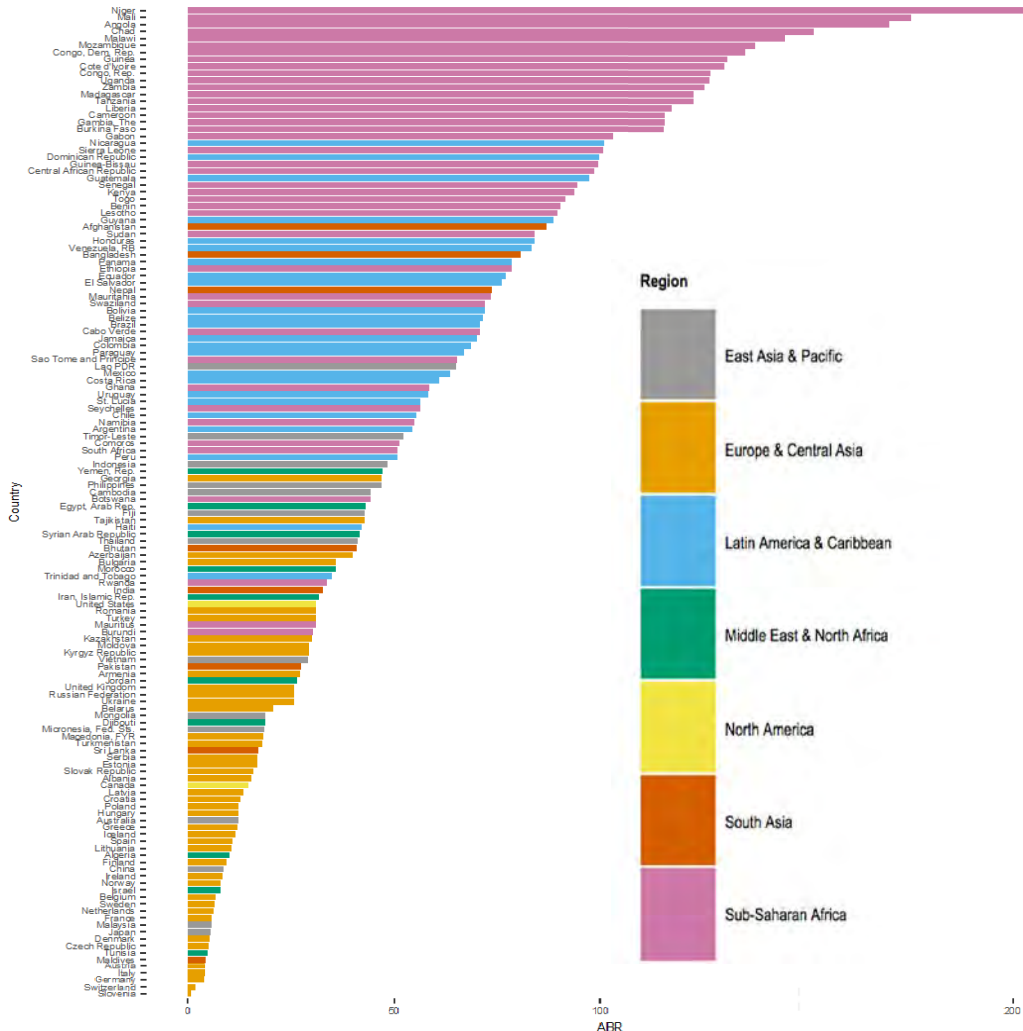


“Guaranteeing and supporting access to free, quality secondary education for all adolescents presents the single best investment for health and wellbeing”



Education Expansion





Adolescent Birth Rates by Nation, 2012

(Rates per 1000 15-19 year olds)

Rates vary > 200 fold

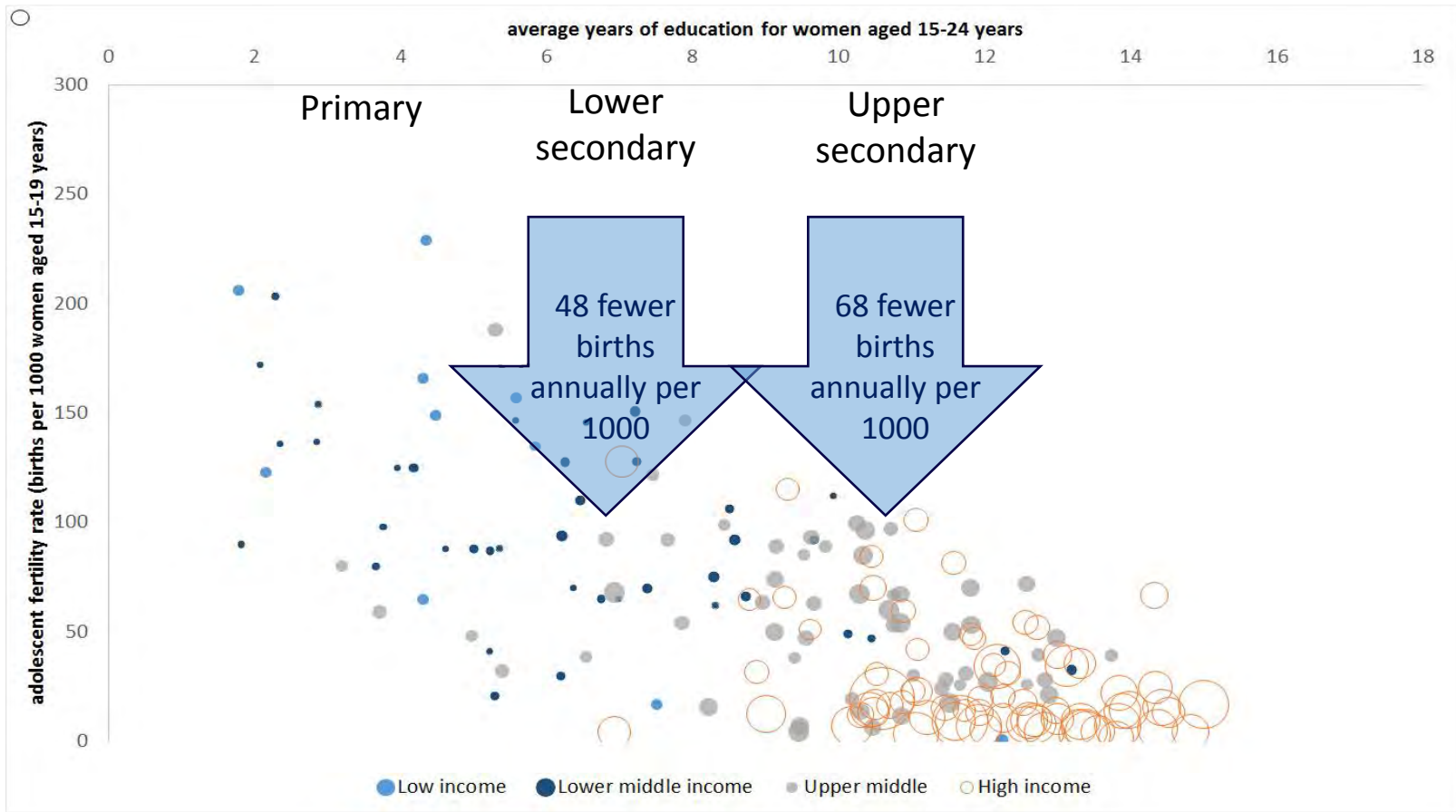
- Niger = 200 per 1000
- Slovenia <1

By region

- Highest rates: Sub Saharan Africa (2012 median=100)
- Lowest rates = Europe and Central Asia (2012 median=13)

National rates <10/1000

- 17 in Europe and Central Asia
- 8 in East Asia and Pacific
- 5 in Middle East
- 1 in South Asia



Education: A Key Protective Factor

Works at multiple levels:

Individual level

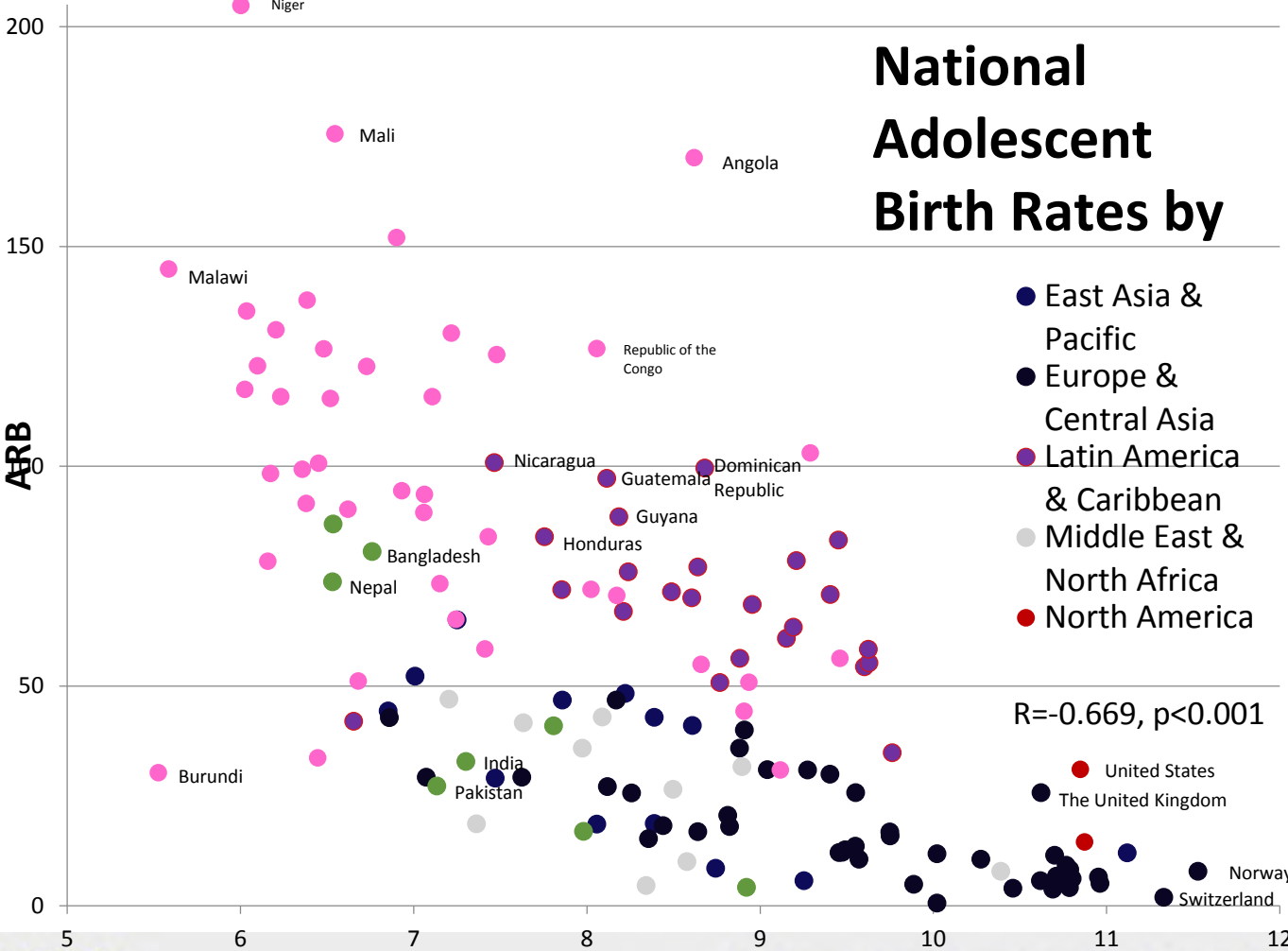
- Youth who succeed (good grades and at grade level)
- Connected to school, family, society
- School attainment

Social and policy level

- Access to education (Sub Saharan Africa)
- Supportive environment
- Address multiple developmental/ social needs



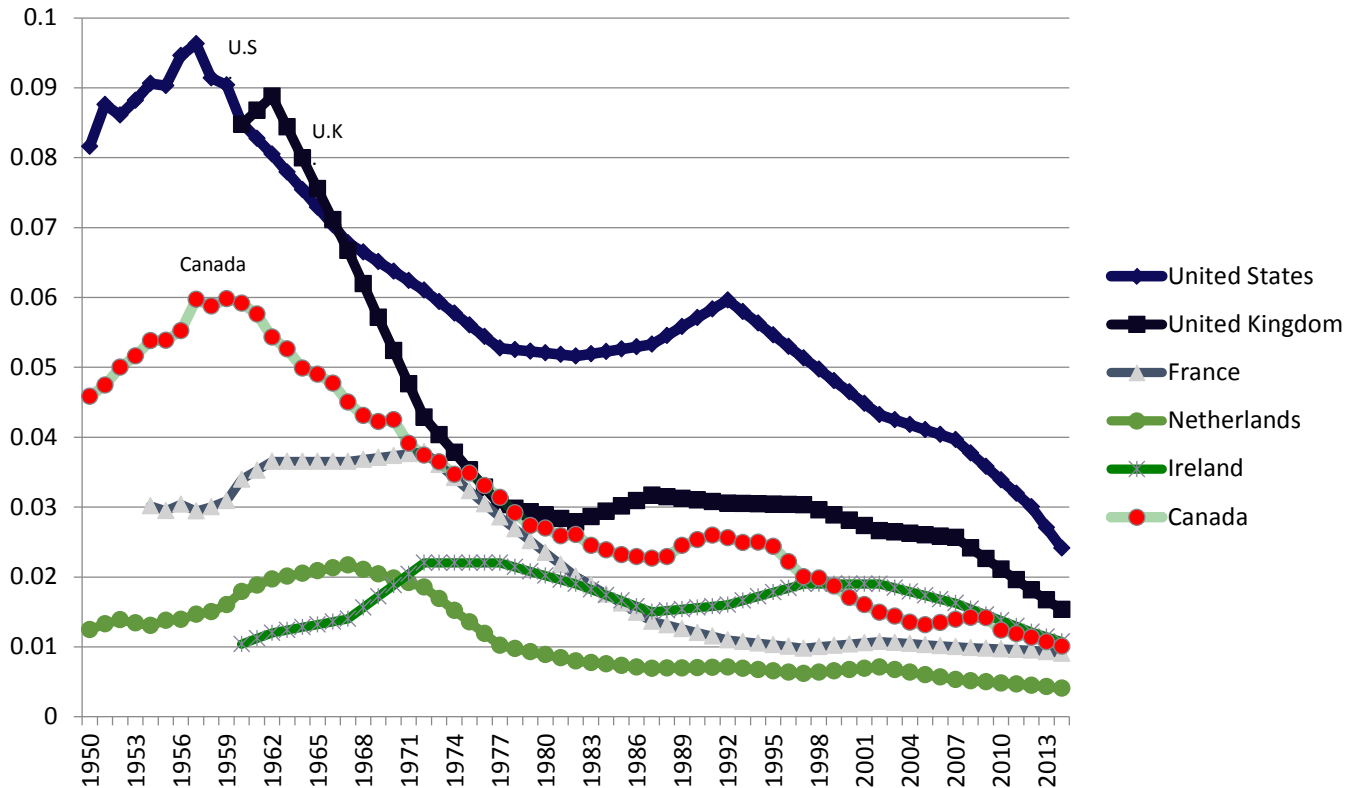
National Adolescent Birth Rates by



Adolescent Fertility & Socioeconomic Status

- Adolescent fertility is associated with socioeconomic disparities among nations and within nations
- Household income, parental educational attainment
 - Condom and contraceptive use,
 - Age at sexual initiation
 - Use of abortion
- Within US, birth rates vary across states and counties
 - Community-wide measures of socioeconomic status
 - Income, income disparities, adult unemployment

Adolescent Fertility Rate Developed Countries, 1950-2014



Why Are U.S. Rates So High?

Compared to European/ Canadian Adolescent Birth Rates

Behavioral differences:

- Sexual activity, contraceptive use

Social differences:

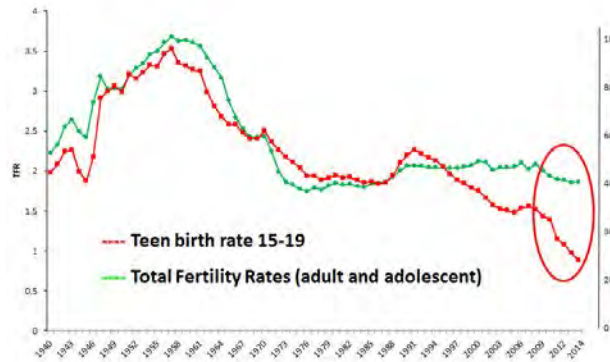
- More equitable income distributions
- Societal acceptance of contraceptive use
- Higher fertility among adult women

Public policy differences:

- Sexuality education
- Access to contraception

What Drove U.S. Adolescent Fertility from 1960 to 1986?

- Demographic transitions: timing of childbearing, smaller families, women in workforce
- Modern contraception and legal abortion
- U.S. adolescent fertility declined despite the sexual revolution and increases in adolescent sexual activity between 1965-1990



What is Driving Change in Adolescent Birth Rates Since 1991?

(Based on a series of studies from Santelli, Lindberg)

Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *J Adolescent Health*. 2004.

Contraceptive use and pregnancy risk among U.S. high school students, 1991-2003. *Perspectives Sex Repro Health*. 2006

Explaining recent declines in adolescent pregnancy in the US: The contributions of abstinence and improved contraceptive use. *Am J Public Health*. 2007

Changing behavioral risk for pregnancy among high school students in the US, 1991-2007. *J Adolescent Health*. 2009.

Understanding the Recent Decline in Adolescent Fertility in the US, 2007-2013. *J Adolescent Health* 2016.

What is Driving Change in Adolescent Birth Rates Since 1991?

(Based on a series of studies from Santelli, Lindberg)

Key biopsychosocial risk factors have not changed

- Poverty, religion, family
- Increase in Hispanic adolescents

HIV Prevention and Education (1990s and early 2000s)

- ↑ condom use
- ↓ in sexual activity (African American ♀ and Young ♂)

Shift to Abstinence-Only?? (since 2000)

- Shift away from an emphasis on condom use

Improvement in hormonal contraception? (since 2007)

- ↑ Hormonal methods and LARC?

Public Policy: Effective Approaches to Adolescent Pregnancy Prevention

- Educational and employment opportunities
- Provide sexuality education, focus on contraception, correcting myths and misconceptions
- Improve access to reproductive health care
- Provide long acting reversible contraception (LARC)
- Normalize adolescent sexuality

