

## 3.2 GENDER-RESPONSIVE ADOLESCENT HEALTH AND NUTRITION

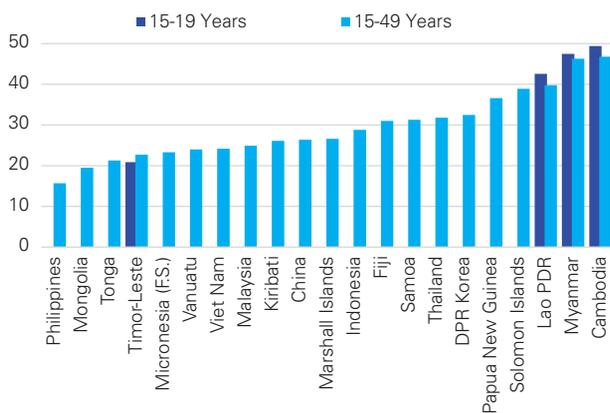
### Key issues in East Asia and the Pacific

The patterns of adolescent illnesses in East Asia and the Pacific have shifted from communicable diseases to non-communicable diseases, injuries and mental health. Suicide and accidental death from self-harm (mental health) is one of the leading causes of adolescent death in the region.<sup>1</sup> The percentage of adolescents that reported attempting suicide at least once in the previous 12 months varied from 3.9 per cent in Indonesia (2015)<sup>2</sup> to 34 per cent in Solomon Islands (2011).<sup>3</sup> Data over the last two decades (1995–2015) show that the prevalence of adolescent births has been stagnant or increasing in Cambodia, Indonesia, Malaysia, Mongolia, the Philippines, Thailand and Viet Nam. Adolescent mothers face higher risks of pregnancy and maternal health-related complications and psychosocial need, and recent studies indicate that symptoms of depression are two to four times higher in teen mothers.

HIV prevalence among adolescent males who have sex with males (15–19 years) has increased from 3.8 per cent (2011) to 15.6 per cent (2015) in Indonesia, and from 0.9 per cent (2009) to 3.6 per cent (2015) in the Philippines.<sup>4</sup> In Thailand, prevalence of HIV almost doubled (from 5.9 per cent to 11 per cent) among young males who have sex with males (15–24 years), and more than tripled (3.4 per cent to 12 per cent) among young transgender people between 2010 and 2014.<sup>5</sup> Despite the need to protect adolescents from HIV infection and other health-related risks, their age and factors including poverty, inequality, legal barriers, stigma and discrimination within the health system and educational institutions, prevents adolescents from seeking and receiving health care, information and other essential services.

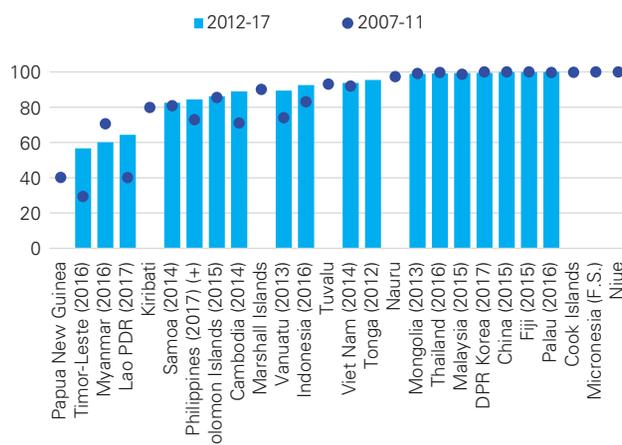
Data on adolescent nutritional status in the region is scarce, with most countries lacking national data for the whole reference population of adolescents aged 10–19. The highest rates of underweight (low body mass index (BMI) for girls aged 15–19 are in Timor-Leste (40 per cent), Cambodia (28 per cent) and Myanmar (14 per cent).<sup>6</sup> In Indonesia, a sub-national study recorded a striking 'double burden' of malnutrition, with 11 per cent of adolescents aged 13–15 years having low BMI and the same proportion of adolescents who are overweight or obese. A major global analysis showed that mean BMI in children aged 5–19 had increased significantly in South East Asia, and that Pacific Island Countries have the highest rates of overweight and obesity.<sup>7</sup> Anaemia, which has a serious negative impact on growth, learning and capacity for physical activity, is common among adolescents aged 15–19 in the region, with rates close to 50 per cent in some countries. Adolescent mothers are more likely to have babies with poor fetal growth, which is a significant contributor to poor child nutrition outcomes.

**Prevalence of any anaemia among adolescent girls (15–19) and reproductive women (15–49), 2016 (%)**



Source: WHO Global Health Observatory; MICS and DHS

**Births attended by skilled birth attendants (%)**



Source: Joint UNICEF/WHO database; DHS and MICS.  
[+] 2007–11 value for the Philippines refers to 2013

1 WHO. 2017. Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation.  
2 WHO. 2015. Noncommunicable diseases, Global School-based Student Health Survey, Indonesia Fact Sheet for students aged 13–17 years.  
3 WHO. 2011. Noncommunicable diseases, Global School-based Student Health Survey, Solomon Islands Fact Sheet for students aged 13–15 years.  
4 Department of Health, Epidemiology Bureau, Philippines. 2016. The Growing HIV Epidemic among Adolescents in the Philippines.  
5 Department of Disease Control, Thailand. 2011 Integrated Biological Behavioural Surveillance Survey (IBBS). Unpublished.  
6 Demographic and Health Surveys in Timor-Leste (2017), Cambodia (2014) and Myanmar (2016).  
7 Lancet. 2017. 'Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. NCD Risk Factor Collaboration (NCD-RisC)'.

## Driving results for children

UNICEF prioritises support to: (1) gender-responsive, adolescent-friendly health services and strategies that focus on mental health, sexual and reproductive health including HIV; (2) innovation and digital health interventions created with and for adolescent boys and girls; and (3) comprehensive strategies to address all forms of adolescent malnutrition.



## Key programme strategies



### Systems and capacity

Develop models, guidance, capacity and monitoring, particularly for:

- Menstrual hygiene management (water, sanitation, hygiene, education, health).
- Access to gender-responsive adolescent/youth HIV/Sexual Reproductive Health services.
- HIV prevention, care, treatment and support for at-risk adolescents.
- Increased use of skilled antenatal, childbirth and postpartum care for adolescent mothers.
- Mental health care and psychosocial support to adolescent girls and boys including teen mothers.
- School and youth health-promotion initiative lead by World Health Organisation.
- Nutrition counselling for malnourished individuals.
- Micronutrient supplementation for pregnant and lactating girls.
- Weekly iron and folic acid supplementation for all girls aged 15 and older, through schools and other channels.
- Deworming in schools and for pregnant girls.
- Food/dietary supplements for underweight adolescent girls, especially during pregnancy.
- Counselling in the health system for obese adolescents.
- Food fortification.



### Governance, policy and budget

- Promote legislation to: (1) support improved nutritional quality of available foods (e.g., food fortification, elimination of trans-fatty acids, reduction of salt and sugar); (2) ensure appropriate food labelling, signposting, and healthy and unhealthy food logos; (3) regulate inappropriate advertising of food aimed at children and youth; and (4) ensure healthy nutrition choices are available in schools (e.g., restricting access to sugar-sweetened beverages and junk food and snacks, and promote policy on healthy school meals).
- Promote adequate maternal care and psychosocial support to improve maternal and neonatal outcomes for adolescent mothers.
- Support development, endorsement and implementation of budgeted gender-responsive national adolescent health agendas.



### Data, evidence and knowledge

- Conduct systematic data collection and analysis of the status of the key adolescent health and nutrition indicators.
- Disaggregate by age and sex data to help inform strategic focus for adolescent programming and interventions.
- Perform mapping and analysis of existing health and nutrition legislation, policies, budgets and programmes.
- Conduct research, evaluation and case studies on: (1) effective approaches to improving adolescent health and nutrition, including the role played by parents, communities and caregivers; (2) attitudes, practices and norms in relation to adolescent health and nutrition, including parenting of adolescents; and (3) availability, accessibility, acceptability and quality of essential health, nutrition and parenting services for adolescent boys and girls.



### Partnerships and alliances

- Involve, empower and ensure meaningful participation of adolescents in the design, implementation and monitoring and evaluation of strategic interventions.
- Engage in multi-stakeholder platforms (government, community, civil-society, the private sector and development partners) to accelerate implementation of interventions and new strategies.
- Collaborate with academic institutions for evidence generation and capacity building.



### Behaviour change

- Social and behaviour change communication on healthy eating, nutrition literacy and physical activity, based on formative research.
- Use of social media to deliver key mental health and nutrition messages to adolescents/young people.
- Engage with the private sector to champion healthy nutrition and health behaviour, while avoiding conflict of interest with the food and beverage industry.