



World Health  
Organization

# Helping parents in developing countries improve adolescents' health







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Cover: Tamari (Nomsa Mlambo) with her mother Ketiwe (Peligia Viaji). Video still from "Everyone's Child," a movie about orphaned children (© 1992 Media for Development International, Courtesy of Photoshare).

Page 9: Thandi is consoled by her mother after a long talk about teenagers and condoms in the film "More Time," a movie set in Zimbabwe about adolescent love, sexuality, and the danger of AIDS. In this scene, Thandi's mother talks with her daughter after finding condoms in Thandi's bedroom drawer (© 1993 Media for Development International, Courtesy of Photoshare).

Page 13: An adolescent Kikuyu girl in Nairobi, Kenya (© 2001 Sammy Ndwiga, Courtesy of Photoshare).

Page 24, 28: Source: 'Good Parenting Calendar' produced by JA-STYLE, Jamaica's Solution to Youth Lifestyle and Empowerment (USAID Contract No. 532-C-00-05-00029-00), managed by University Research Co., LLC (URC) with subcontractor, Advocates for Youth.

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# Foreword

Throughout the developing world, the lives of adolescents are being compromised and cut short by ill-health due to HIV/AIDS, depression and substance use. The transition to healthy adulthood is dependent on the social environment in which adolescents live, learn and earn. Parents and families are a crucial part of this social environment. Projects are springing up to engage parents in efforts to prevent adolescent health risk behaviours and promote healthy development. However, planners of such projects are faced with critical questions. What contributions do parents make to adolescent health and development? What kinds of parent-focused interventions are effective in improving adolescent health outcomes?

The World Health Organization (WHO) has gathered and analyzed significant information from research and programming experience to address these questions. This document captures the key findings, including the:

- articulation of the key roles parents play in relation to adolescents' health and development, based on recent research, to provide a framework for understanding programming efforts;
- implications for programmatic action, with illustrative examples;
- recommendations for programmers and researchers to guide future efforts.

Taken as a whole, these findings affirm the critical importance of programming for parents as part of a comprehensive strategy for preventing adolescent health risk behaviours, while offering insights into programming approaches for those committed to capitalizing on the influence of parents to improve the health and development of adolescents in the developing world.



# Introduction

## Adolescence and health

One fifth of the world's population – a total of 1.2 billion people – are adolescents, and 85% of them are in the developing world. Adolescence is a time of unprecedented promise – and peril. During the second decade of life, young people can encounter a rapidly widening world of opportunities, as they gradually take on adult characteristics in size, sexual characteristics, thinking skills, identity and economic and social roles.

Too often, however, the widening world also exposes adolescents to serious risks before they have adequate information, skills and experience to avoid or counteract them. Their level of maturity and social status is no match for some challenges, unless they are provided with support, information and access to resources.

Without help, the consequences of health risk behaviours in adolescence can be life-threatening and life-long. Nearly two thirds of premature deaths and one third of the total disease burden in adults can be associated with conditions or behaviours that begin in youth.<sup>1</sup>

To protect and preserve our subsequent generations, no better investment can be made in the developing world than to foster promotion of adolescent development and prevention of health risk behaviours among adolescents.

## Evolution of thinking about programmes for adolescent health

In 1997, a Study Group on Programming for Adolescent Health jointly convened by WHO, the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF) issued a technical report, *Programming for adolescent health and development*<sup>2</sup> that proposed a framework with five major intervention areas to promote healthy development

and prevent and respond to health problems:

- creating a safe and supportive environment
- providing accurate information
- building skills
- providing counselling
- improving health services.

The framework cites “home” as the first intervention setting and “family” as key players for intervention delivery. The importance of the family environment was clearly affirmed as central to healthy adolescent development and to the prevention and treatment of health problems. The report notes that the family:

- provides support and love;
- promotes moral development and a sense of responsibility;
- provides role models and education about culture;
- sets expectations;
- negotiates for services and opportunities;
- filters out or counteracts harmful or inconsistent influences from the social environment.

## Relevance of parenting for adolescent health outcomes

Work was initiated to define the aspects of the social environment of adolescents that either protect them from negative health outcomes or put them at greater risk for such outcomes. These are referred to as *protective* or *risk* factors: Factors underlying a behaviour that are associated with reducing negative outcomes and mitigating their consequences, are *protective*; while factors that are associated with an increased likelihood of experiencing a negative health outcome are *risks*. The emphasis on protective factors is significant as it identifies positive influences in the environment that can be supported through programming efforts.

In 2001, analysis of data from six different cross-national studies (representing 53 different countries and regions of the world) was undertaken by WHO, in order to assess the effect of risk and protective factors on three adolescent health behaviours /conditions: sexual initiation, substance use and depression. The conclusions demonstrated that

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