

## Investing in adolescent health and wellbeing



On Aug 12, we marked International Youth Day. A day to celebrate the potential and contributions of young people, but also to reflect on the barriers and challenges that threaten the health and wellbeing of the 1.3 billion adolescents (16% of the global population) aged 10 to 19 years. Health in adolescence will influence health, wellbeing, and prospects as adults. Adolescence is a critical phase in life, compounded with education, life changing decisions, first loves, the roller coaster of emotions, and physical changes. New challenges and threats have emerged with digital technologies, social media, climate change, and commercial determinants of health. Adolescents in many parts of the world in addition grapple with malnutrition, infectious disease, and gender inequalities. These challenges emphasise the importance of investing in adolescent health and wellbeing, now and for the long term.

There have been improvements in adolescent mortality—global adolescent death rates have fallen by approximately 27% since 2000, but progress has not been evenly distributed. Males aged 15–19 years in the Americas low-income and middle-income countries (LMICs) have the highest cause-specific mortality rate, with interpersonal violence causing 40% of deaths. Globally, road injury is the most important cause of death for adolescent boys, whereas for girls aged 10–14 years and 15–19 years, it is diarrhoeal disease and tuberculosis, respectively. Morbidity improvements have been limited. Although African and southeast Asia LMICs have seen a steady small decrease in adolescent morbidity between 2000–19, high income countries have seen an increase. Globally, iron deficiency, unsafe water and sanitation, and low birth weight and short gestation are the most important risk factors for adolescents.

In many countries, progress has been made in gender inequalities such as education, child marriage, teenage pregnancy, and gender-based violence (including female genital mutilation, sexual and intimate partner violence [IPV]), however, more needs to be done. Gender inequalities can have lasting effects on future physical and mental health, as well as career prospects. LynnMarie Sardinha and colleagues estimate global prevalence of physical or sexual IPV against ever-partnered adolescent girls aged 15–19 years at 24% (95% uncertainty interval 21–28) in their lifetime and

16% (14–19) in the past year. Countries with higher rates of female secondary school enrolment and more gender-equal inheritance laws had lower prevalence of IPV, underlining the widespread benefits from improved gender equality. Countries should invest to provide secondary education for all girls and policies and programmes that increase and ensure gender equality.

The pattern of health risk in adolescence is rapidly changing. In their Viewpoint, Oliver Mytton and colleagues discussed how the experience of adolescence has changed profoundly during the past 20 years in the UK and other high-income countries. Although tobacco smoking and alcohol consumption have lessened, concerns are emerging from vaping and psychoactive substances, and obesity and mental ill health have increased. Globally, self-harm is the 3rd and 4th most common cause of mortality in girls and boys aged 15–19 years, respectively. Promoting, protecting, and restoring mental health among adolescents is crucial. The consequences of failing to address adolescent mental health issues extend to adulthood. Moreover, the increasing use of digital media and devices by children and adolescents can be detrimental to their mental health. In their Viewpoint, Louise Holly and colleagues call for the use of digital technologies to be recognised as important determinants of health and discuss public health approaches required to protect young people from digital harms.

The WHO action plan for adolescent health highlights key areas for investment (malnutrition, mental health, education and employment, social norms and expectations of women, and violence and injury) and preparation of adolescents to cope with emerging threats (such as climate change and pandemics). The economic case for investment in adolescents has been made: an investment of US\$1 yielding a return of US\$5–10. As Catherine Russell, UNICEF Executive Director, noted: “Investments in adolescents yield a triple dividend: improving the wellbeing of today’s adolescents; enhancing young people’s future prospects; and improving outcomes for generations to come”. There is no excuse not to invest in adolescent health and wellbeing. ■ [The Lancet Public Health](#)

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For more on **WHO Global accelerated action for the health of adolescents (AA-HAI)** see <https://iris.who.int/handle/10665/373300>

See **Articles**  
Lancet Child Adolesc Health 2024;  
9: 636–46

See **Viewpoint**  
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For **WHO report on Working for a brighter, healthier future** see <https://www.who.int/publications/i/item/9789240093966>

See **Health Policy** Lancet 2017;  
390: 1792–806