

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

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Health for All Adolescents  
Webinar  
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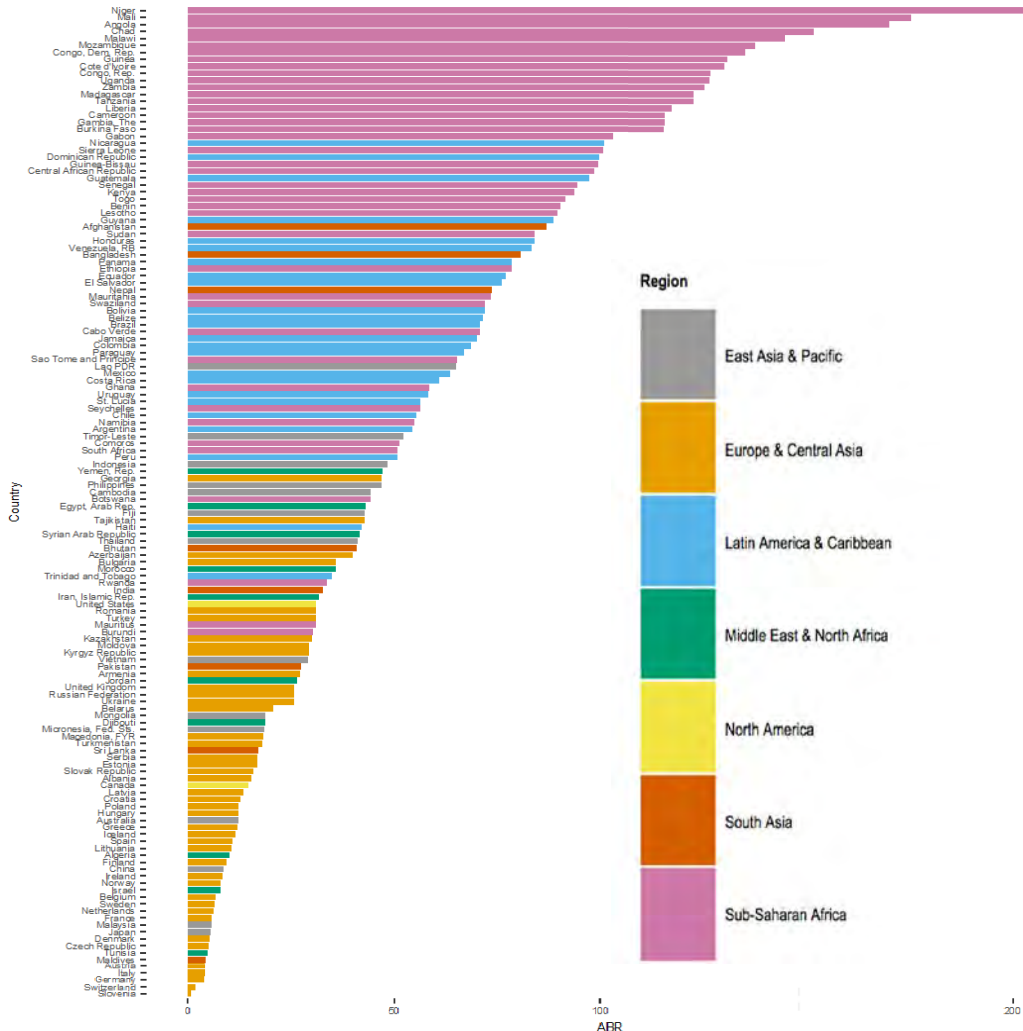


“Guaranteeing and supporting access to free, quality secondary education for all adolescents presents the single best investment for health and wellbeing”



# Education Expansion





# Adolescent Birth Rates by Nation, 2012

(Rates per 1000 15-19 year olds)

Rates vary > 200 fold

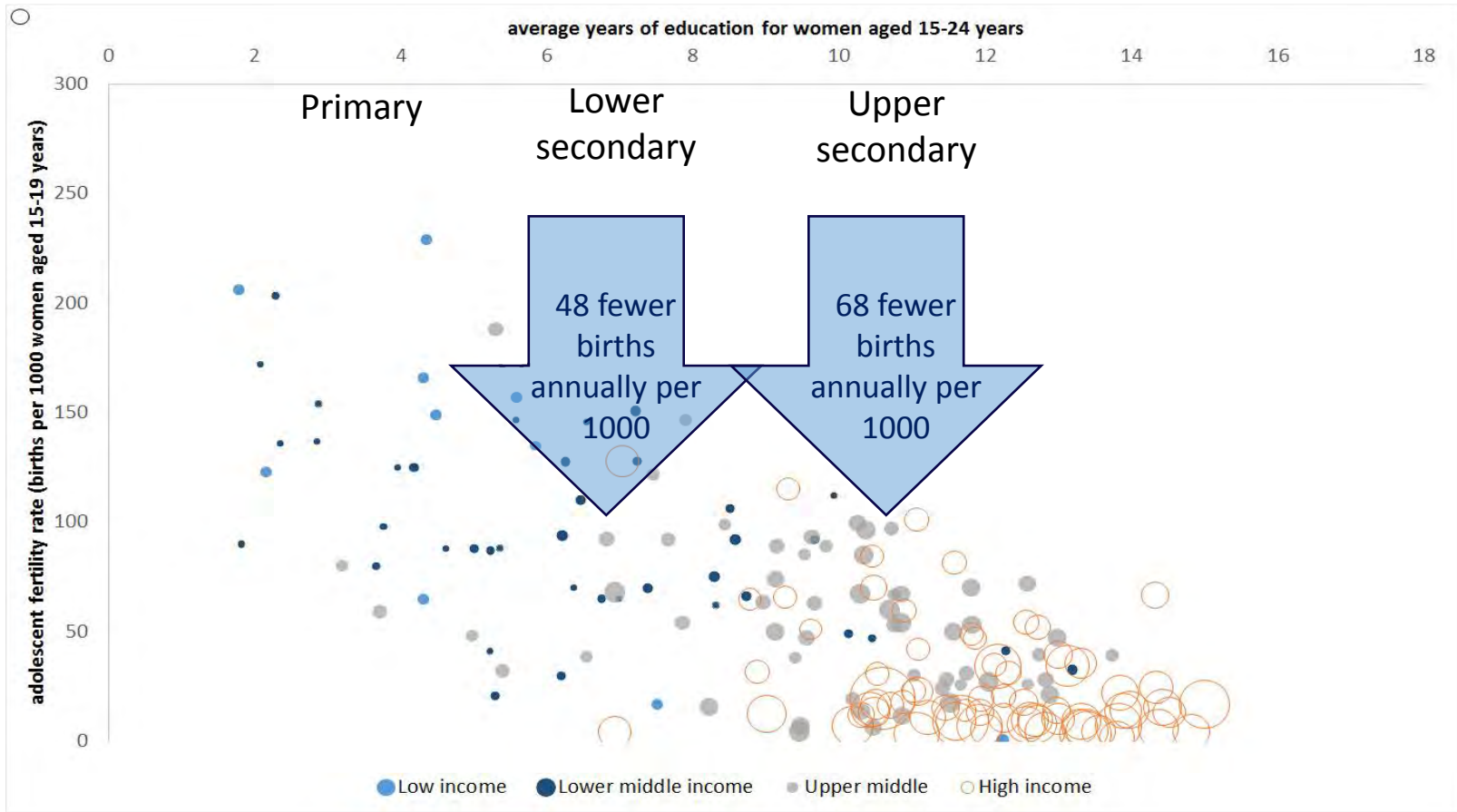
- Niger = 200 per 1000
- Slovenia <1

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

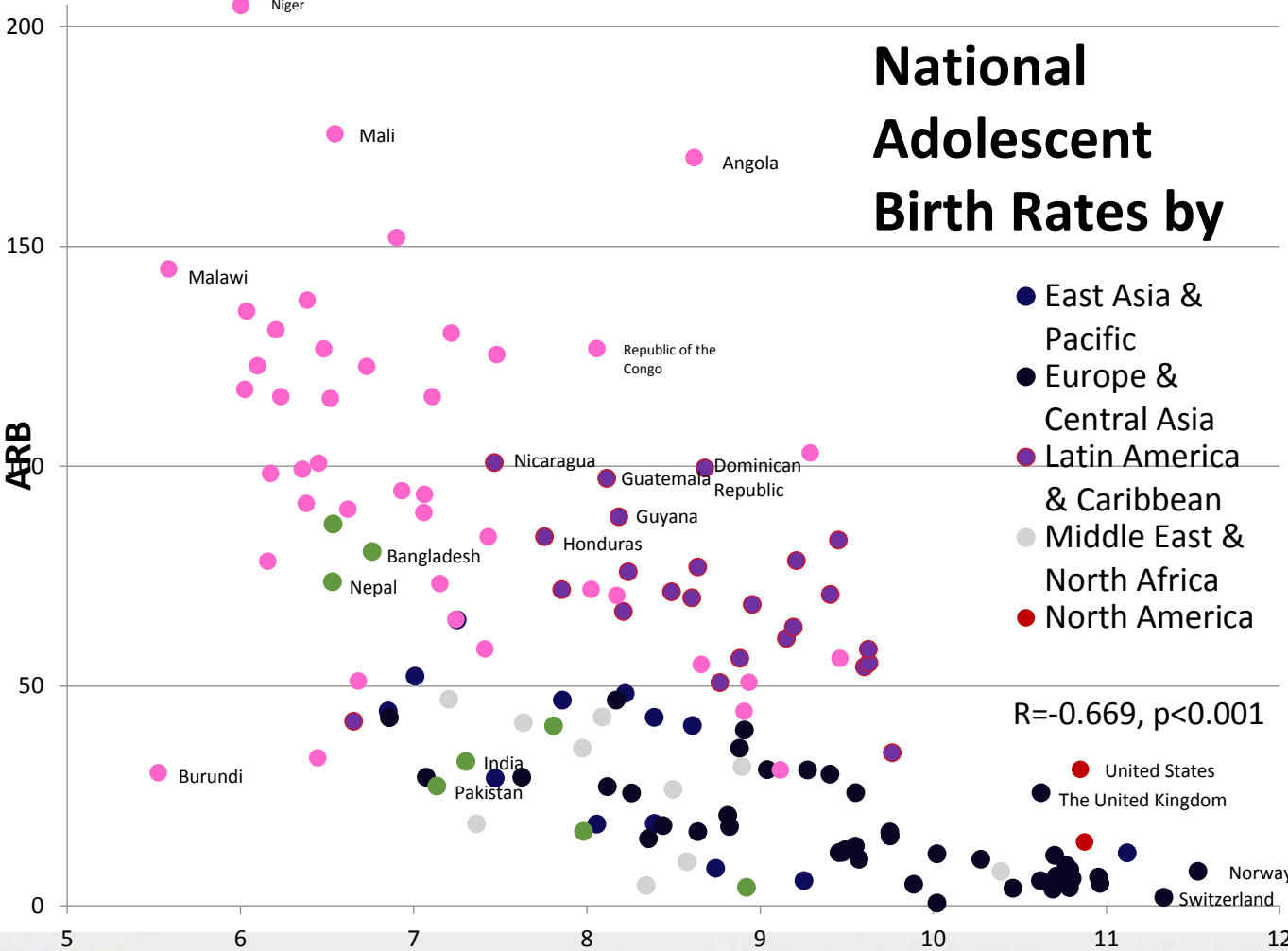
- Youth who succeed (good grades and at grade level)
- Connected to school, family, society
- School attainment

## Social and policy level

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



# National Adolescent Birth Rates by

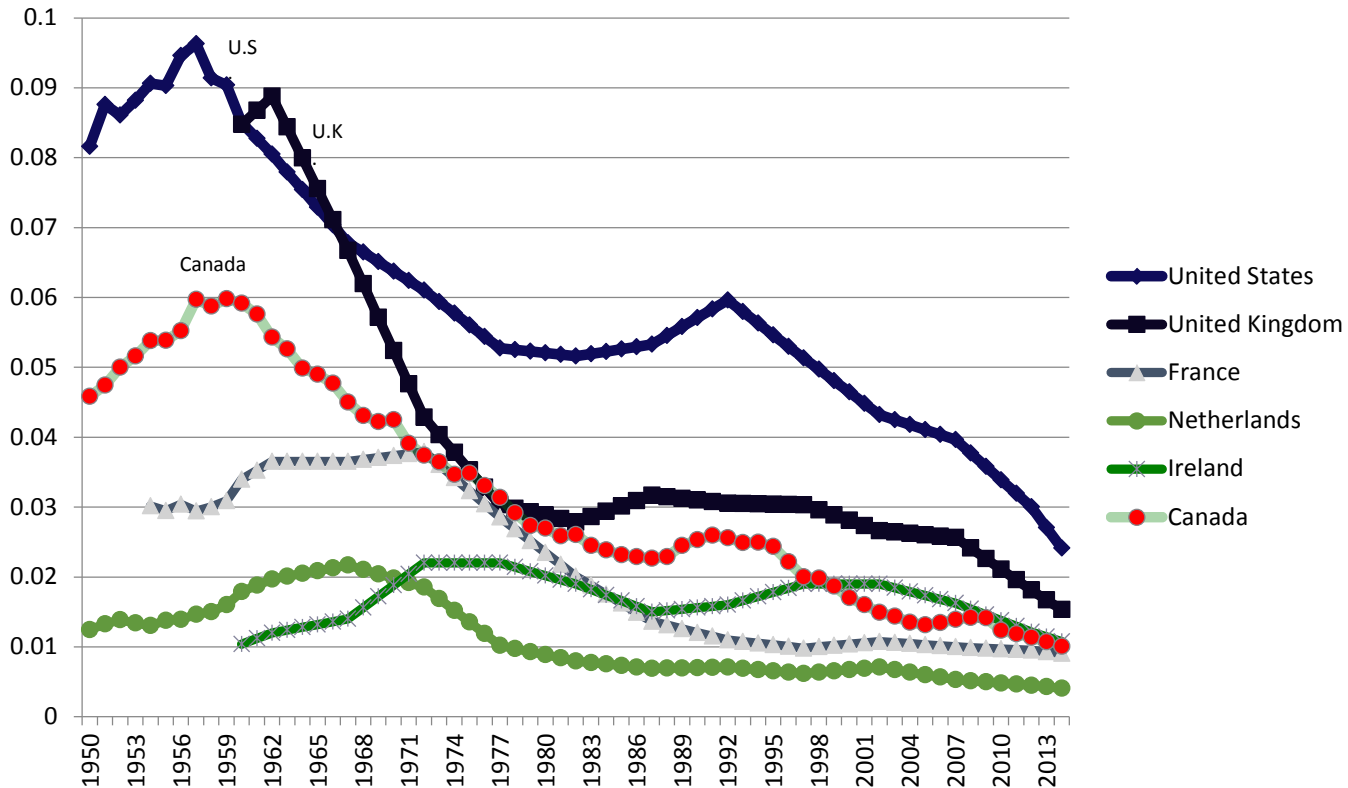




# Adolescent Fertility & Socioeconomic Status

- 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:**

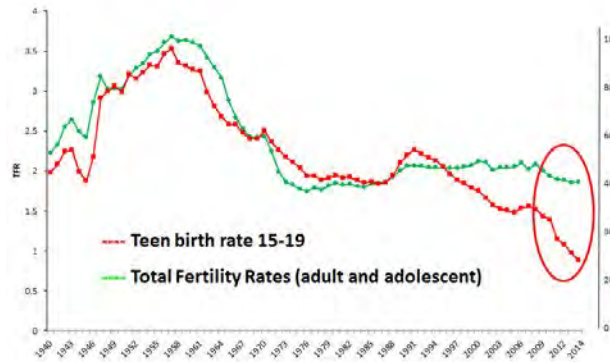
- More equitable income distributions
- Societal acceptance of contraceptive use
- Higher fertility among adult women

## **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

