STRUGGLE TO GIVE THEM THEIR SPACE

Adolescents and their Health needs

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A CALLING...
not just a LECTURE
Do We Need Adolescent Health Services?
“Today’s generation of young people is the largest in human history”

*United Nations Population Fund “UNFPA”, 2014*
Young People represent More than a quarter of the whole population

Young people 27%

Source: Population Reference Bureau (PRB), 2014
1,87 billion

People are between the ages of 10 and 24 years

Source: Population Reference Bureau “PRB”, 2014
World's 1.87 billion Young Peoples' distribution by region

- Asia: 61.5%
- Africa: 15.7%
- Europe: 9%
- North America: 4%
- Latin America & Caribbean: 9.4%
- Oceana: 0.4%
Age-Sex population pyramid, developing world, 2015
Saudi Arabia Population Pyramid - 2017

Population: 32,742,664
Population approximate breakdown (32.5 M) in Saudi Arabia - 2017

- Less than 10: 12%
- 10-24 yr: 32%
- 25 - 50 yr: 37%
- >50: 19%
About 1/3 of the population of KSA are non-Saudis
“Thus, out of a total population of 32.5 million in Saudi Arabia (2017) there are about: 10.5 million (32%) Young People”

Source: Saudi Arabia Population Report, 2017
They are:

Shaping social & economic development

Challenging social norms and values,

Building the foundation of the country’s future.
Many young people are denied the care, investments, and opportunities that they require to realize their full potential.

For millions of young people around the world, puberty brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and child bearing.
Pyramid A

Typical of developing countries
High death rate
High birth rate
Low life expectancy

Pyramid B

Typical of developed countries
Low death rate
Lower birth rate
Longer life expectancy
In spite of this fact and contrary to the developed countries, I am not aware of any Adolescent healthcare Center in our region, that deals with the adolescents’ health under one umbrella.

In North America; there is more than 1 center in each state/province.
ADOLESCENCE:

Is one of the phases (Periods) that every human can pass through:

Is a stressful period in human development that occurs between the beginning of puberty and adulthood and involves:

- Physiological
- Physical
- Psychological
- Social
- Cognitive and
- Economic challenges
Transition from Childhood to Adulthood

Involves:
- physiological,
- psychological,
- cognitive,
- social and
- economic challenges

➔ a universal process that varies by individual and culture

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Think about yourself while in transit...
“The health care, professional training, health research and advocacy related to persons aged: 10 to 19 years including primary and specialty care”

American Society for Adolescent Medicine
Age boundaries

- Few societies agree on the boundaries of adolescence because most societies define adolescence in the terms of both age and life circumstances.
- Political considerations also can determine how societies define youth.
Age Boundaries

**WHO**

- **Young people** ➔ Between 10 – 24 years
- **Adolescents** ➔ Between 10 – 19 years
- **Youth** ➔ Between 15 – 24 years

**Young People = Adolescents + Youth**

**CDC**

- The Centre for Diseases control and Prevention defines the age range for adolescents as 10 – 19 year
The answer?

Back to our question: Do We Need Adolescent Health Services?
Definitely yes... We need this service!

The task force for adolescent medicine at KFMC - Riyadh
Gave 12 reasons to justify this answer.

AlMakadma et al, 2007
12 Reasons justifying the NEED for adolescent health

| Lack of dedicated healthcare providers for this age-group, which represents a significant percentage of our population. |
| Lack of proper health promotion and preventative adolescent’s health services. |
| The life expectancy of children with chronic illnesses is increasing which will increase the number of Young People surviving the chronic diseases |
| Presence of a health care gap for adolescents with chronic medical conditions as they transit from childhood to adulthood |
| Prevalence of unrealistic ideas among this age-group in our community including misconception about sexuality and presence of taboos preventing an open discussion of such issues. |
| Absence of suitable youth-activity campaigns which may have a negative impact on their health |
| Adolescent period represents a psychological, physical, spiritual, and social challenges, which are in most of the times not addressed properly by the current medical system |
| Prevalence of specific behavioral problems of adolescent such as violence, aggression, delinquency, drug abuse, smoking, etc... |
| Adolescents have unique needs; they are neither children nor adults and like other developmental stages, has there own unique epidemiology. Hence they can't be looked after in pediatric or adults wards |
| Lack of research activities and sufficient statistical data dedicated to adolescent health in our societies. |
| Rapid growth and development in adolescence leads to new needs. |
| Presence of a health care gap for adolescents with chronic medical conditions as they transit from childhood to adulthood |

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Further more; there are Legal, Economic, Health and Sociological Reasons to Invest in Adolescent Health ...
1. Legally

01

A safe and successful passage from adolescence into adulthood is the right of every child.

02

This right can only be fulfilled if families and societies make focused investments and provide opportunities to ensure that adolescents and youth progressively develop the knowledge, skills and resilience needed for a healthy, productive and fulfilling life.
The human rights of adolescents and youth include, among others:

- Life, liberty and security
- Health
- Education
- Information
- Expression
- Association
- Freedom from discrimination
- Freedom from torture and other cruel, inhuman and degrading treatment or punishment including sexual violence
- Consent to marriage

Source: The Universal Declaration of Human Rights
Investing in Adolescents’ and Youth Now is:

• **Everyone’s goal:**
  Successful transition into productive and rewarding adulthood

• **Everyone’s responsibility:**
  Upholding the human rights of young people

• **Everyone’s business:**
  Investing in young people
2. Economical IMPACT

Of adolescent health
Statistic: motor vehicle accidents
Adolescent health problems result in great personal, social and monetary costs in a sample year:

- **60,000+ teens** in The Kingdom of Saudi Arabia are killed in motor vehicle crashes. (2015) ..1 death every 8 minutes

- **27,700 + teens** commit killing acts (2015)

- According to the Open Journal of Psych 2014:
  - Good number of secondary school students experience symptoms of significant mental distress. in KSA

- Worldwide about **200,000 adolescents** are killed in homicides aged 10-29 per year
Statistics: Tobacco

**ADULT SMOKING (15+ Y.O.)**
using tobacco daily: 2015

27.9%

Even though fewer men smoke on average in Saudi Arabia than on average in very high-HDI countries, there are still more than 3205500 men who smoke cigarettes each day, making it an ongoing and dire public health threat.

**CHILDREN SMOKING (10–14 Y.O.)**
% using tobacco daily: 2015

1.3%

Even though fewer boys smoke in Saudi Arabia than on average in very high-HDI countries, there are still more than 18200 boys who smoke cigarettes each day, making it an ongoing and dire public health threat.
Statistic: Tobacco

- **600 million Riyals** are spent directly by the Saudi Adult on tobacco purchase alone.
- “The economic cost of smoking in Saudi Arabia amounts to **4,545,000,000 riyal**. This includes direct costs related to healthcare expenditures and indirect costs related to lost productivity due to early mortality and morbidity.”
- Now think about the indirect costs!

14.2% is the prevalence of symptoms of depression in high school students aged 10-19

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Over one – third of the disease burden and almost 60% of premature deaths among adults can be linked to behaviours or conditions that were initiated or occurred during adolescence.


Waiting to act will prove far more costly to societies.

Source: Elizabith Lule, Helth advisor (HNP), World Bank
3. Adolescence offers opportunities for prevention & health promotion

• Poor diet and physical inactivity are second only to tobacco as preventable causes of death among adults

• Metabolic Syndrome:
  • Obesity
  • HTN
  • DM
  • Dyslipidemia

• An adult’s ability to achieve financial stability and make productive contributions to society is largely dependent on the preparation they receive during childhood and adolescence.

• Modern life disease e.g. AIDS cases occur among young people
They:

- Shape social and economic development
- Challenge social norms and values,
- Build the foundation of the world’s future.
Investments in young people world wide, now are in everyone’s interest and are everyone’s responsibility:

- families,
- community leaders,
- nongovernmental organizations,
- governments,
- the private sector,
- the international community, and
- others alike
Adolescent Medicine @ KFMC
Objectives

1. To establish a well-equipped community-based adolescent medicine program.
2. To establish an inter-disciplinary adolescent health services training program.
3. To initiate a research unit focused on adolescents’ needs.
4. To conduct campaigns to increase awareness in the community about the concept of adolescent medicine.
Target

All the people who are above the age of 12 years and below the age of 19 years who need the care of Adolescent Health Services
Functions

- Clinical Care
- Education
- Research
- Community based Activities
- Out reach Programs
- Adolescent diseases prevention & Health promotion
Clinical Care

The Division will be committed to high quality, developmentally appropriate, clinical care in the following areas:

- Adolescent Chronic illnesses and diseases.
- Eating disorders
- Violence & substance abuse
- High-risk adolescent parents
- Pediatric/Adolescent gynecology
- General Adolescent issues
- Self-esteem issues
- Identity and sexual identity issues
Recommendations / Directions for improving The Adolescent Health in our Area
1. Make youth a policy priority
2. Initiate/ Improve Adolescent Healthcare Services
3. Create and support opportunities for all young people
4. Establish National Adolescents Healthcare Services Council (NAHSC) with an Advisory Board
5. Identify & Recruit the Allies and Community-based Stakeholders
Community-based Stakeholders....Examples

- Ministry of Health
- Ministry of Education
- Ministry of Interior
- Ministry of Y&S
- Religious Sector
- Governmental Sectors
- Private Sectors: banks, companies, factories.....
Proposed NAHSC Advisory Board Functions

1. Proposes, revises, approves adolescent healthcare standards
2. Periodically advise and review APPS, IPPS.
3. Propose, prioritize important (Hot) adolescent topics, projects and programs.
4. Communicating and integrating NAHSC to other governmental bodies
5. Steers ethical and legal adolescent related issues and propose solutions.
6. Advises, supports and monitors sensitive adolescent issues (sex, drugs abuse, violence .......etc.)
7. Suggests, supports community health promotion activities
8. Recruits supporting stakeholders
9. Proposes and prioritizes community based & outreach activities
10. Proposes, approves & supports international partnerships
Progress over one decade, 2008 -2018

- Awareness campaigns have been conducted among health professionals and public
- Few physicians were sent for fellowship programs abroad, some of them came back and started to practice (individual efforts)
- Few research and surveys were conducted
- Few conferences were held, e.g. the international symposium of young people health organized by the society of family medicine on 2013
- Saudi Adolescent Society has been established and recognized by SCHS (2014)
- More papers are published and got cited about Adolescent medicine from AU and others
- International Journal of Pediatrics and Adolescent Health (IJPAH) has been launched by KFSH&RC (2016)
- Extended Awareness campaign for the school principles and the middle & high school students’ councilors was carried with collaboration between MOE and AU (2018)
IS THAT ENOUGH?...
and the Question Remains...
Are we there yet?

Have we given them their space?