



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Adolescents taking the lead

Thematic background papers for a
Multistakeholder consultation to
promote adolescent well-being
in the WHO European Region

6-7 July 2021

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Abstract

The WHO Regional Office for Europe conducted a regional consultation meeting on 6–7 July 2021 as part of the global initiative to strengthen prioritization of adolescent well-being. The core of the meeting was to review key issues as they relate to adolescent well-being in the WHO European Region, identify policy implications for countries and highlight technical and other resources needed to support countries in accelerating progress towards more equitable health and well-being in adolescence. Youth participation, which was a cornerstone for the event and the consultation, had been promoted from early in the consultation process through partnerships with youth networks and groups. Short background papers on the six chosen topics for the regional consultation were prepared as a concise aid for participants. These were shared with participants prior to the meeting and used to guide group discussions. This publication presents the six background papers.

Keywords

ADOLESCENTS

WELLBEING

DIGITALIZATION

EDUCATION

MENTAL HEALTH

NUTRITION AND PHYSICAL ACTIVITY

RELATIONSHIPS AND CONNECTEDNESS

SEXUAL AND REPRODUCTIVE HEALTH

WHO/EURO:2021-3440-43199-60518

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ACKNOWLEDGEMENTS

The consultation event was hosted by the WHO Regional Office for Europe with the Partnership for Maternal, Newborn & Child Health (PMNCH), United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children's Emergency Fund (UNICEF).

This work is part of a global process led by WHO and the United Nations system of partners in health called the H6+,¹ specifically its Technical Working Group on Adolescent Health and Well-being, which aims to strengthen the prioritization of adolescent well-being in national policy-making.

¹ The H6+ partnership harnesses the collective strengths of the PMNCH, UNESCO, UNFPA, UNICEF, UN Women, WHO and the World Bank Group to advance the Every Woman Every Child Global Strategy and support country leadership and action for women's, children's and adolescents' health and well-being.

BACKGROUND

As part of the global initiative to strengthen prioritization of adolescent well-being, the WHO Regional Office for Europe conducted a regional consultation on the topic on 6–7 July 2021.

Many issues are relevant to adolescent well-being, as described in the Framework for Adolescent Well-being.² The organizers of the global process have developed fifteen global background papers which described some of the issues. These served also as reference materials for this consultation.³ In addition, in previous work, the European Region has identified problematic areas to adolescent health and well-being.⁴

Youth participation, which was a corner stone for the event and the consultation, had been promoted from early in the consultation process through partnerships with youth networks and groups.

The core of the consultation was to review key issues as they relate to adolescent well-being in the WHO European Region, to identify policy implications for countries and highlight technical and other resources needed to support countries in accelerating progress towards more equitable health and well-being in adolescence.

To focus the discussions, a matching process between the regional and global areas of concerns was used to prioritize themes with higher relevance to the European Region. The partner agencies involved in developing the European regional consultation (WHO Europe, UNICEF and UNESCO) chose to concentrate on six areas for the review:

- digitalization
- education
- mental health
- nutrition and physical activity
- relationship and connectedness
- sexual and reproductive health

As a concise help to participants, who could not be expected to read the comprehensive global information materials in preparation, short background papers on the six chosen topics were prepared. They were shared with participants in the consultation prior to the meeting, and used to guide the group discussion.

This publication features the 6 background papers. We hope they will be useful for countries getting adolescents and youth involved in policy development and actions concerning themselves, their wellbeing and opportunities for a prosperous and active life. The outcomes of the consultation are summarized in the meeting report.

² Ross DA, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L, Herat J, Phaladi G, Imbago-Jácome D, Anyona P, Sanchez A, Damji N, Terki F, Baltag V, Patton G, Silverman A, Fogstad H, Banerjee A, Mohan A. Adolescent Well-Being: A Definition and Conceptual Framework. *J Adolesc Health*. 2020 Oct;67(4):472-476. doi: 10.1016/j.jadohealth.2020.06.042. Epub 2020 Aug 13. PMID: 32800426; PMCID: PMC7423586.

³ WHO HQ 15 papers on adolescent well-being <https://www.adolescents2030.org/adolescent-well-being>

⁴ European region problem statements on adolescent health <https://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/who-support-materials-for-rc69-technical-briefing-on-child-and-adolescents-health-in-the-who-european-region>

DIGITALIZATION AND ITS IMPACT ON ADOLESCENT WELL-BEING

INTRODUCTION

This session will examine the opportunities and risks to which children and adolescents are exposed in online and digital environments and explore measures to help protect them from potentially harmful health effects and enable safety and confidence in their use. It will offer perspectives, including those of young people from the WHO European Region, on how governments can tackle the digital divide and ensure that adolescents and their guardians can develop the right skills to allow them to better navigate and manage risks within digital environments.

KEY FINDINGS

Digital natives

- Adolescents today are growing up in an increasingly digital world. They spend more time online than earlier generations, at younger ages, and with more devices.
 - Thirty-five per cent of adolescents use electronic media to communicate with others almost all the time throughout the day (intensive use).
 - Boys are more likely than girls to report a preference for online communication.
- Digital technologies have become an integral part of their lives, from play, to learning in school, to communication with friends and family.
- As digital natives, young people utilize a variety of digital tools, including websites, social media platforms, mobile phone applications and wearable devices, to find and access information, monitor their health and activity levels, establish communities of support and create content.

Opportunities

- Digital tools and the data they generate offer huge potential for increasing the coverage and quality of care for adolescents and providing them with information to manage their own health.
 - Most of these innovations, however, do not specifically consider the unique needs of children and adolescents as part of their design and implementation. This can lead to exposure to harmful behaviours and/or false and misleading information and result in missed opportunities for improving their health and well-being.
- Children also strengthen existing relationships, form new friendships and receive social support online.

Inequality

- Adolescents' experiences of the digital world differ according to a range of intersecting factors, including gender, sexual orientation, disability, education level, physical location and socioeconomic status.
 - Vulnerable population groups are often the least likely or least able to access health services via digital solutions due to limited access to infrastructure and the high cost of connectivity and devices.

- The COVID-19 pandemic has shown that not all adolescents benefit from digital technologies equally.

Risks

- The breadth of the digital environment can make young people vulnerable to certain risks, exposing them to harmful content, misinformation and potential abuse.
 - Adolescents are especially susceptible to being misled by social media influencers or through approaches such as microtargeting, as they may not recognize the implicit commercial nature of certain content.
 - The compelling design of online games and social media platforms attracts children to spend hours in front of their screens.
 - One in 10 adolescents reports intensive online communication with people they got to know through the Internet and did not know before.
 - Children and adolescents are particularly susceptible to online marketing of foods high in sugar, salt and fat.
- The International Classification of Diseases (ICD-11) has recognized addiction to gaming as a medical illness, and it has been suggested that excessive Internet use may encourage addictive behavior.
 - The association between the intensity of social media use and well-being seems complex and is contingent on several factors. Research shows consistently that problematic social media use threatens adolescents' well-being.
 - Seven per cent of adolescents report problematic social media use.
 - Studies have found that excessive time spent online can also be damaging to the mental health and well-being of children.

Path forward

- Without coordinated efforts, digital technologies may continue to accelerate existing inequalities in health outcomes, causing some children to be left behind. This could be a priority area for the European Region.
 - The importance of strong governance and regulation of digital and online environments and data protection becomes even more pertinent to adequately protect children and adolescents.
 - Digital literacy would help equip young people to navigate these digital environments safely.
 - National, regional and global policies that safeguard children's rights are needed to ensure that children and adolescents are adequately protected in digital environments and that their rights are not undermined in serving commercial interests.
- As more children and adolescents come online and the influence of the digital world becomes even more pervasive, it is important to enable their capacity to mitigate risks while encouraging them to benefit from the opportunities provided through use of digital environments.

EDUCATION AND ITS IMPACT ON ADOLESCENT WELL-BEING

BACKGROUND INFORMATION

Education contributes to cognitive, emotional and social well-being and provides competences for healthy living and productive employment.

A good-quality education is the foundation of health and well-being. For people to lead healthy and productive lives, they need knowledge, skills and agency to make healthier choices and prevent sickness.

Education is associated with greater cognitive capacity, greater individual agency, longer and productive adult lives and more gainful and meaningful employment.

Receiving quality education and possessing relevant skills are essential assets for adolescents' current and future well-being.

Educational disruption and learning losses

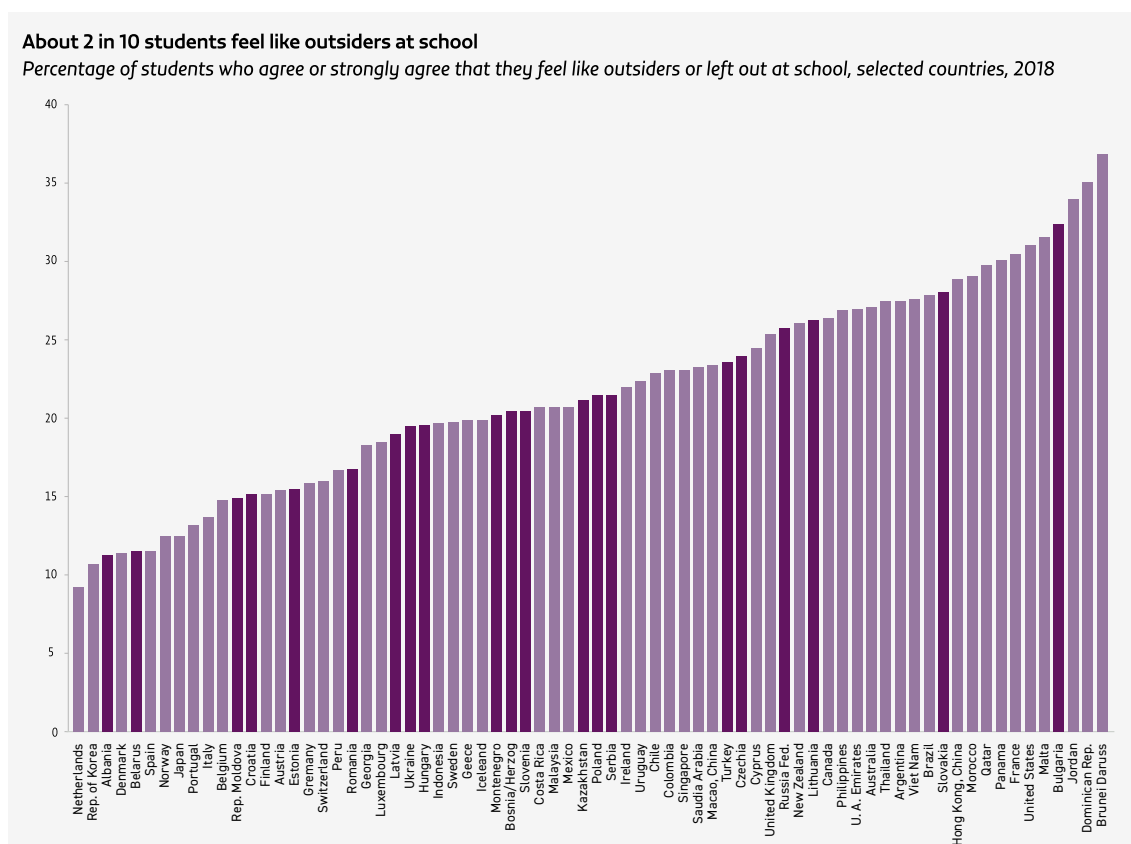
- Education is one of the greatest common goods, the value of which has become more obvious during the educational disruption caused by the COVID-19 pandemic. School closures have affected learners' educational attainments, socioemotional development and well-being, as well as their social life, relationships, future life trajectories and employment.
- Towards the end of 2020/2021 academic year, full and partial school closure affected 26 million primary and secondary school students (20% of the total number of students) in Europe and central Asia. These students were not attending school at all on average from 4–12 weeks. The longer students miss school, the higher is the likelihood of dropping out.

Access to education

- Over 4.2 million children of primary to upper-secondary age are out of school. Those with disabilities, from ethnic minority groups, refugees and migrants are far more likely than others to be out of classroom. In some contexts, early marriages and early unintended pregnancies put an end to schooling for girls.
- Discrimination, violence and bullying faced by adolescents with non-traditional sexual orientation, gender identity and gender expression is yet another barrier to school access.

Safety at school

- About 25% of school students in Europe encounter bullying, physical fighting or attacks. This poses serious risks to their overall health and well-being and decreases their academic performance.
- Generic anti-bullying policies do not always lessen bullying towards lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) students.
- About two in 10 students globally (including those in Europe and central Asia) feel like outsiders at school (Fig.1).

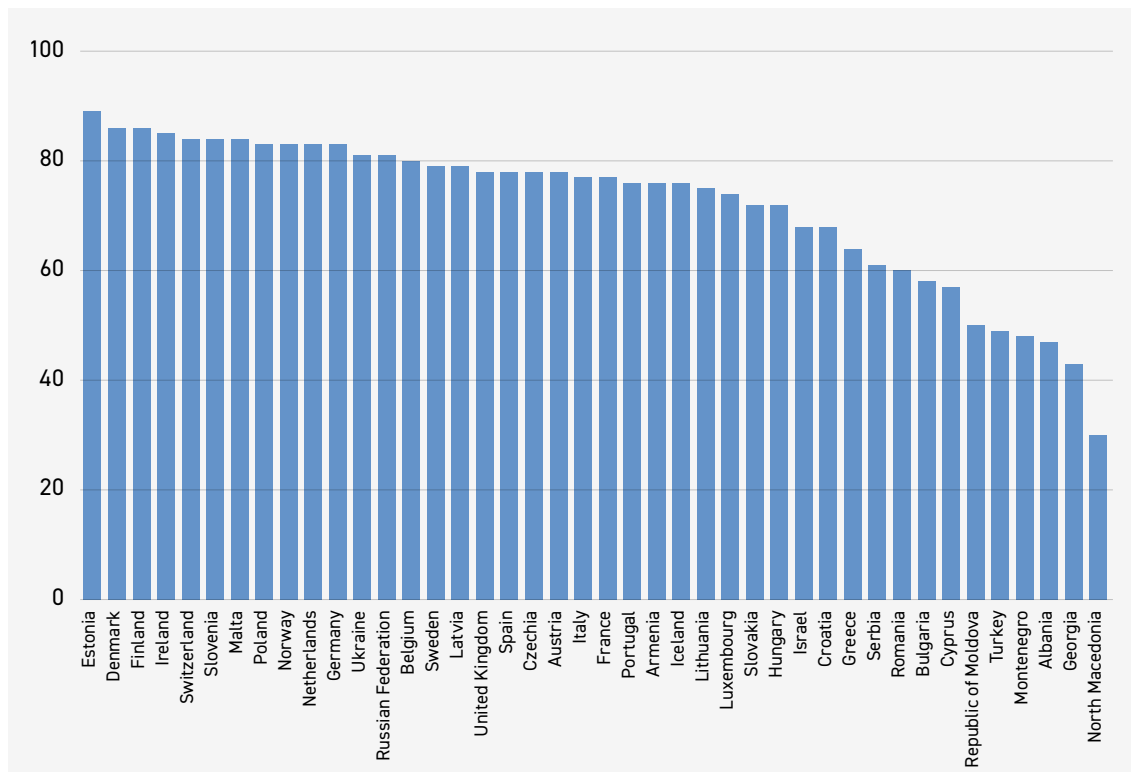
Fig. 1. Proportion of learners who feel outsiders at school

Source: OECD (2019b).

Content and relevance of education

- In 2018, an average of 40% of learners in European Union and Organisation for Economic Co-operation and Development countries did not fully develop basic skills in reading and mathematics by the age of 15. The rate was even less in lower-middle and low-income countries in Europe (Fig. 2).
- In many cases, the content of learning is outdated, poorly aligned with the rapidly evolving needs of the labour market, and overlooks the development of health literacy, social, emotional and other skills that young people themselves find important for their current and future life.
- School curricula in some countries are characterized by stereotypes in representation of ethnicity, gender, sexual orientation and religion.
- Too often, schools are not prepared to deliver comprehensive sexuality and life-skills education and students do not learn what they need to know to successfully and safely manage the transition to adulthood.

Fig. 2 Proportion of learners at the end of lower secondary education reaching minimum proficiency in mathematics



Policies and practices that can facilitate improvements

These include:

- recovering educational losses through special programmes and ensuring continuity of education (keeping schools open as long as possible and providing all learners with access to remote education at times of school closure);
- improving the quality of education by delivering relevant subject knowledge and skills that help adolescents become lifelong learners, develop positive relationships, make healthier choices and decisions that affect their lives, find productive work and actively engage in their communities;
- expanding non-formal education opportunities (including in digital space) for adolescents for social and emotional learning, agency and resilience building, and career orientation;
- providing a safe, protective and inclusive learning environment free from violence, bullying, stigma and discrimination;
- considering student perspectives in all policy and practice development, implementation and assessment; and
- ensuring that the most vulnerable and marginalized children and adolescents benefit from good-quality and inclusive education and all young people are supported to find meaningful employment.

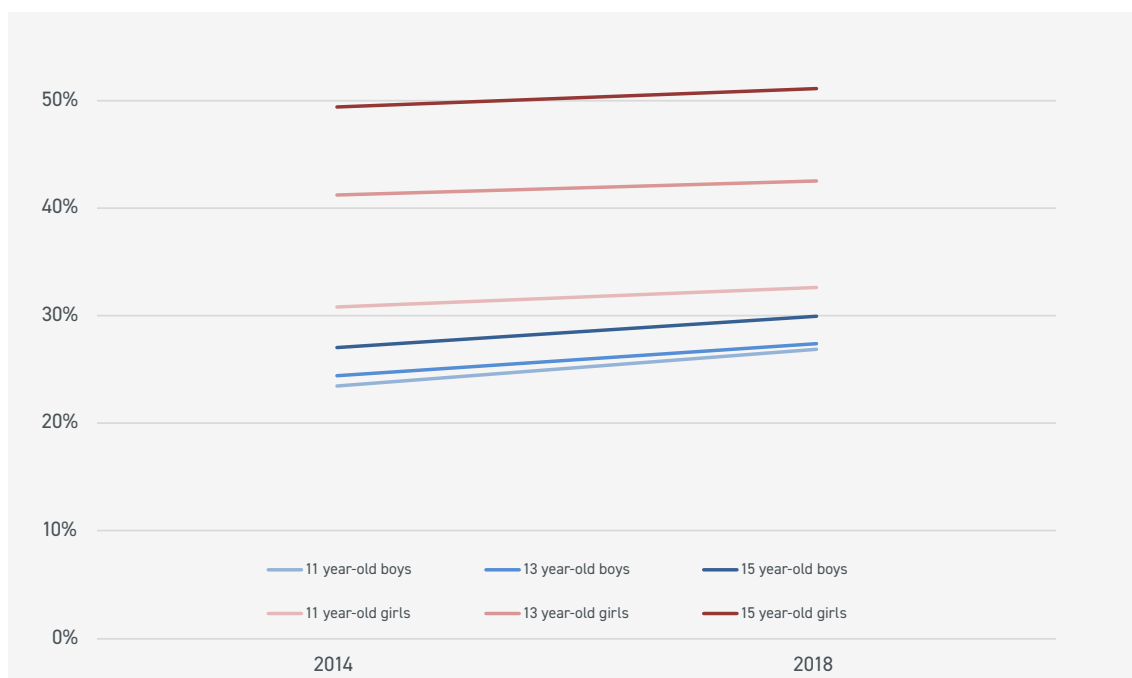
MENTAL HEALTH AND ITS IMPACT ON ADOLESCENT WELL-BEING

BACKGROUND INFORMATION

Adolescent mental and behavioural health problems are increasing.

- Adolescence is a critical period of formative growth that affects well-being across the life-course.
- **Half** of all mental health problems in adulthood have their onset during or before adolescence.
- Suicide is the first leading cause of death among adolescents in low and middle-income countries, and second leading cause in high-income countries in the WHO European Region.”
- There was little change in the subjective well-being of adolescents in the WHO European Region between 2014 and 2018 (Fig.3).

Fig. 3. Proportion of European adolescents experiencing two or more psychological or somatic health complaints at least weekly, 2014–2018 (by age and sex)

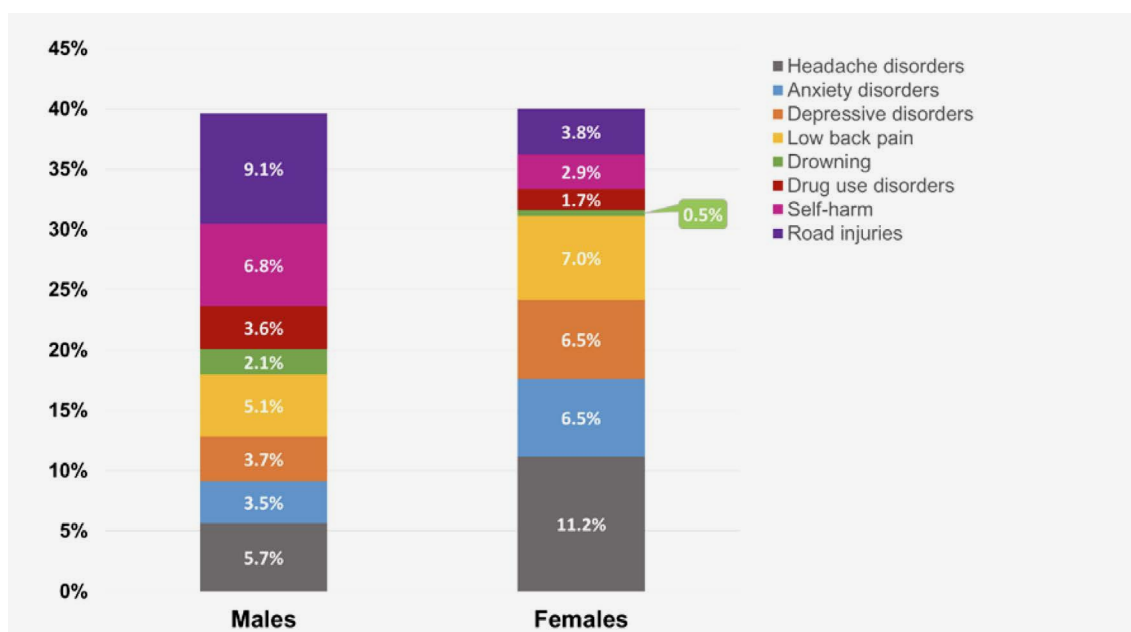


Source: Health Behaviour in School-aged Children (HBSC) study data.

- Age, sex and socioeconomic status remain strong determinants of mental well-being, with older adolescents, girls and those in lower-income households experiencing worse outcomes.
- Reporting on the proportion of adolescents treated or prescribed medicines for common mental health conditions is highly variable across the Region, with missing or questionable quality of data being an issue.

- More than **4300** deaths per year (**15%** of all deaths of young people aged 10–19 years) in the WHO European Region are due to self-harm.
- The burden of self-harm-related deaths differs across the Region: countries of the Commonwealth of Independent States show 5.91 deaths per 100 000, while those of the EU14⁵ show 2.30 deaths per 100 000.
- Anxiety and depression are among the **top-five** causes of overall disease burden.
- Youth mental health policies and services are **often non-existent** or **underdeveloped**. When adolescents are not guaranteed confidential, independent access to adolescent-friendly health-care services, they may delay or forgo seeking necessary services. This can lead to higher rates of unprotected sex, unintended pregnancy, untreated sexually transmitted infections and mental health issues.
- Mental illness can lead to worse educational outcomes, increased substance use and higher rates of unemployment, debt and social exclusion in adulthood.
- The burden of disease attributable to mental health is not equal between males and females. The proportion of the disability-adjusted life-years (DALY) burden due to self-harm is greater among 15–19-year-old males than females (6.8% versus 2.9%). Females' DALY burden tends to be greater for causes relating to mental health and somatic complaints (particularly headache, and anxiety and depressive disorders). Collectively, these are responsible for 24% of the DALY burden for 15–19-year-old females, compared to 13% among their male peers (Fig. 4).

Fig. 4. Sex differences in the distribution of morbidity burden among 15–19-year-olds



Source: Global Health Data Exchange [online database] (21). Values reflect the proportion of total morbidity burden (DALYs) for cause groups with the largest sex differences among 15-9 year-olds in the WHO European region (2017).

Evidence is growing about the mental health impacts of the SARS-CoV-2 pandemic and the restrictions on adolescents resulting from measures taken to control the virus. As a result, primary prevention, early intervention and access to appropriate mental health care are even more urgent.

⁵ Countries belonging to the European Union since before 2004.

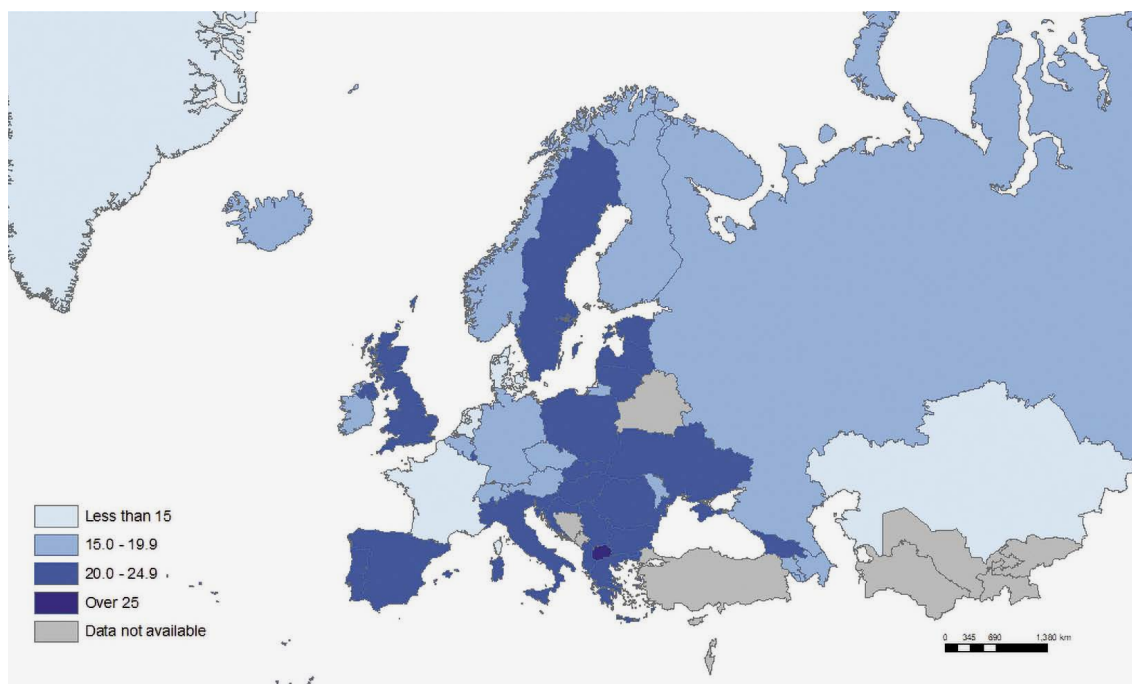
NUTRITION AND PHYSICAL ACTIVITY AND ITS IMPACT ON ADOLESCENT WELL-BEING

BACKGROUND INFORMATION

Worrying numbers of adolescents are living with overweight and obesity.

- Adolescent overweight and obesity are serious public health problems of the 21st century and are important risk factors for noncommunicable diseases.
- One in five (20%) adolescents aged 11–15 years in the WHO European Region is overweight or obese (Fig. 5).

Fig. 5. Prevalence (%) of overweight and obesity among adolescents aged 11–15 years in the WHO European Region



Source: 2017/2018 Health behaviour in School-aged children (HBSC) survey.

- Adolescents living with overweight and obesity experience stigma, which is associated with physiological and psychological consequences including increased depression, anxiety and decreased self-esteem.
- Physical inactivity is related to obesity: fewer than one in five adolescents aged 11–15 years achieve the recommended physical activity levels and participation among girls and older adolescents is particularly low.
- Social inequalities in adolescent obesity, overweight and in physical activity exist within and across countries, with adolescents from poorer families more likely to be overweight, obese and physically inactive.
- Most adolescents do not meet current nutritional recommendations, consuming too few fruits and vegetables and having high intakes of sugar-sweetened beverages.

- Both underweight (5% in the WHO European Region) and overweight undermine adolescents' capacity for healthy development and can lead to serious health, educational and economic consequences.
- Over- and undernutrition are caused by various factors, including genetic, environmental, metabolic, behavioural, mental, cultural and socioeconomic.
- Changing behaviour is difficult and is influenced by factors such as income, cost, time, individual preferences, beliefs, family and cultural traditions, and geographical and environmental factors.
- A triple burden of malnutrition in adolescence, in which countries experience simultaneous challenges of underweight, hidden hunger and overweight, exists.
- The average prevalence of moderate or severe food insecurity⁶ for 41 countries of the WHO European Region is 12%.
- Children and adolescents have access to digital devices early in life. Increased screen time is associated with increased risk of overweight and obesity.

Policies in relation to nutrition and physical activity

- Health should be considered in all policy-making, regardless of the sector (such as education, economic or travel), with a collaborative approach being integral to improving the health of all young people and communities.
- The marketing of unhealthy foods and sugar-sweetened beverages to children is linked to overweight and obesity. WHO-endorsed policy recommendations aim to reduce marketing of high-fat, high-sugar foods and beverages. Not all countries of the European Region restrict marketing to children and very few restrict online marketing via mobile phones and gaming platforms.
- Thirty-one (out of 53) countries of the Region regulate the availability of unhealthy foods in schools.
- Overall, 57% of Member States have national physical activity guidelines in place for children and adolescents.
- Food insecurity is higher in countries without national nutrition policies and national public awareness campaigns concerning diets.

Existing approaches to promoting healthy diets and physical activity

- Programmes that target both the environment (through, for example, the provision of healthy, sustainable and nutritious food, safe neighborhoods, and opportunities for physical activity and sports participation) and critical periods during the life-course are required and could help reduce social inequalities.
- Efforts are needed to promote habitual daily physical activity by, for example, increasing opportunities for school-based activity, active transportation and active leisure among adolescents.
- The demand and supply sides can be influenced:
 - demand-side approaches would include educational policies, promoting awareness and cooking skills; and
 - supply-side approaches regulate the industry through policies, taxes, incentives for reformulation of products, development of standards and implementation of recommendations.

⁶ Food security is when all people, at all times, have access to safe, sufficient and nutritious foods.

- The use of national guidelines is important for countries to guide policy-makers and inform the public about healthy behaviours.
- Monitoring and surveillance systems are crucial to assess behaviours and outcomes and implementation of policies/programmes.

CONNECTEDNESS AND RELATIONSHIPS AND ITS IMPACT ON THE WELL-BEING OF ADOLESCENTS

BACKGROUND INFORMATION

Connectedness, positive relationships and values and making a contribution to society are among the key factors that contribute to the **emotional and social well-being of adolescents**.

For adolescents to thrive and achieve their full potential across the life-course, it is important to:

- **feel connected** and **have positive, meaningful relationships** with others, including family, teachers, peers and employers;
- have **interpersonal skills** such as empathy, sensitivity and friendship skills and have **positive social networks**;
- be **valued** and **respected** by others (their voices are heard and opinions taken seriously) and be accepted (feel belonging to a group/community);
- **have positive values**, including respect for others, being responsible and caring, and having a sense of integrity, honesty, social justice and equality; and
- have opportunities to **be socially, culturally and civically active**, engaged in school, youth and community activities, and make changes for themselves and their communities.

Where young people feel connected with parents, peers, schools and communities, feel safe, respected and accepted, and contribute to their families and communities, they are more likely to acquire the social capital needed to achieve life goals and better health and well-being.

Among the building blocks for **connectedness, positive relationships and values and making a contribution to society** are:

- positive parenting and supervision;
- non-parental mentors and role-models;
- a safe and enabling learning environment free from bullying and discrimination;
- social and emotional learning curricula and extracurricular opportunities that develop agency, self-esteem and self-confidence, and empower and build resilience;
- positive values and norms being cherished and practised in family, school and community; and
- opportunities for volunteering, which are associated with better academic performance, high school completion, fewer problem behaviours and greater life satisfaction.

According to the latest *Health Behaviour in School-aged Children* survey,⁷ most adolescents in the WHO European Region experience positive social relationships and overall good health and well-being. Adolescents from poorer backgrounds, however, experience less social support from family, friends and classmates. Social and emotional well-being decreases as adolescents get older, especially among girls.

⁷ The survey was conducted in 2017/2018 in 45 countries and regions of Europe and Canada among adolescents aged 11, 13 and 15.

Family context

- Parental unemployment and immigrant status each affect one in 20 adolescents (5%). Both are risk factors for poorer adolescent health and well-being outcomes. Adolescents from less well-off families experience poorer health and well-being.
- Parental unemployment, poverty, domestic violence and substance misuse undermine parent-adolescent connectedness.

Family and peer communication and support

- Adolescents from more affluent families have higher levels of family support, better communication with their parents and higher levels of peer support (64% versus 56%).
- Over two in three adolescents perceive their parents as being highly supportive and easy to talk to, but these positive aspects of family life decline with increasing age, especially among girls.
- Most adolescents find it easier to communicate with their mothers (87% boys, 84% girls) than with their fathers (79% boys, 65% girls). Only 57% of 15-year-old girls find it easy to talk to their father about things that bother them.

School experience

- More than half of adolescents report high levels of support from their fellow students (59%) and their teachers (56%).
- Levels of peer support have declined slightly since 2014, especially for girls.
- Only around a quarter (27%) of adolescent boys and girls like school a lot.
- School experience worsens with age in most countries/regions.
- School satisfaction and support from teachers and classmates decline (more steeply among girls) and schoolwork pressure increases with age.
- Young people from poorer families are less likely to feel supported by their classmates.
- More than one in 10 students are being bullied in school; girls are more likely to be cyberbullied. Younger adolescents are particularly at risk of being bullied.

Life satisfaction

- Most adolescents feel satisfied with their lives.
- Adolescents from high-affluence families report higher levels of life satisfaction and excellent health, and lower levels of multiple health complaints.
- Boys report higher life satisfaction than girls.
- Life satisfaction decreases with age, more in girls than in boys.

Policies and practices that can facilitate improvements

These include:

- supporting families and teaching positive parenting skills;
- increasing opportunities for social interactions in schools and local communities, including youth and volunteer programmes;
- targeting older adolescents, girls and those from lower social strata;
- engaging students and families in school life;
- fostering a safe, positive and inclusive learning environment, with trusting and caring relationships;

- developing social and emotional (relationship) skills;
- guiding students towards values of tolerance and respect;
- providing comprehensive sexuality education; and
- making good-quality, accessible, equitable, acceptable and appropriate psychosocial support and mental health services (including school-based) available to adolescents.

SEXUAL AND REPRODUCTIVE HEALTH AND ITS IMPACT ON ADOLESCENT WELL-BEING

INTRODUCTION

Sexual and reproductive health is fundamental to overall health and well-being. Adolescence is an opportune time to build healthy habits and lifestyles relating to sexual and reproductive health, as it is a period of ongoing physical, emotional and social change, and also the time when many individuals will start exploring their sexuality and developing relationships with others.

KEY FINDINGS

- **Knowledge and education:** most countries in the WHO European Region (37) have a policy on sexuality education in schools, but only 26 collect information on adolescents' knowledge of sexuality. Fewer than half of countries provide education on lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+) issues. Most (31) include sexual/intimate-partner violence, but the depth and quality varies between countries.
- **Violence:** intimate-partner violence (IPV) is the most common form of violence faced by adolescent girls. Nearly one in three adolescent girls aged 15–19 globally reports having ever experienced emotional, physical or sexual IPV. Full, free and informed consent to sexual behaviour is a key issue for education.
- **Sexual behaviour:** there are big differences in the rates of sexual intercourse across countries. Overall, at age 15, 24% of boys and 14% of girls have had sex, but 25% of those did not use either a condom or contraceptive pill the last time they had sex. On average, 26% reported using the pill and 61% a condom at last intercourse.
- **Contraception:** access to contraception without parental consent is possible in most countries (33), with the lower age limit generally between 14 and 16 years. Access to emergency contraception without parental consent is possible in most countries (32), but age limits vary widely. Emergency contraception is free for adolescents in 16 countries. School nurses are not allowed to give out contraceptives without a doctor's prescription in most countries (34). Only five countries allow school nurses to provide emergency contraception without a prescription.
- **Pregnancy:** adolescent pregnancy rates vary hugely between countries, with some being above the global average. In countries where boys use contraceptives less frequently, adolescent pregnancy rates are higher. In general, the further east, the higher the rate of adolescent pregnancy. Most countries show a plateauing or slight declining trend.
- **Abortion:** abortion rates have declined and currently are three times lower than in 1994. Abortion nevertheless is still overutilized as a birth-control method, particularly in the east. In some countries, abortion is not legally permitted for girls, or is restricted. The barriers to safe abortion increase the risk of illegal abortion-related complications and early parenthood.

- **Early parenthood:** despite decreases since 1990, the adolescent fertility rate (15–19) in the eastern Europe and central Asia (ECCA) region remains high. A loss of early education, together with early marriage and pregnancy, perpetuates a cycle of poverty and gender inequality for many generations. This vicious circle can be broken only by promoting sexuality education in schools, offering easy access to counselling, reliable contraception and promoting women's empowerment.
- **HIV:** countries in the ECCA region have one of the world's fastest-growing HIV epidemics. Young people are particularly vulnerable to HIV, driven by poor sexuality education and lack of access to condoms.
- **Sexual and reproductive health services:** free services are provided to adolescents in most countries (34), and 32 countries provide testing for sexually transmitted infections (STIs) free to adolescents. Laws and regulations on the confidentiality of access to STI treatment vary widely; only 14 countries legally ensure confidentiality while accessing treatment for STIs. Parental consent rules deter adolescents from seeking health care and advice.
- **Minorities at increased risk:** adolescents who are part of the LGBTQI+, Roma or migrant communities, young people living with disabilities or illness and those not in school can be disproportionately vulnerable because of discrimination and lack of education and access to services. Girls are particularly vulnerable to violence.

KEY ISSUES

- Adolescent sexuality is considered a sensitive issue in some countries of the WHO European Region.
- Inequities in provision of, and access to, sexual and reproductive health services and information still exist in the European Region. Countries of the ECCA region are behind European Union countries in most areas of adolescent and youth sexual and reproductive health and rights. Accordingly, the gaps and needs in ECCA countries are more significant.
- There is no information on the quality of sexuality education provided, though standards for sexuality education in Europe, including guidelines for the introduction of comprehensive sexuality education in countries, have been developed.
- All adolescents should have comprehensive education on contraceptive methods, consent and violence, have the freedom to make informed decisions and have access to the most suitable form of contraception for them.
- All adolescents need full access to appropriate and confidential sexual and reproductive health-care services.

CONCLUSION

To implement the targets that all countries have already signed up to, improve access to sexual and reproductive health services and the use of contraceptives, and reduce adolescent pregnancy rates and transmission of STIs, adolescents should be able to access information and care without the need for parental consent. Gender- and age-appropriate sexuality education, which includes sexual and gender diversity, consent and IPV, is required to enable adolescents to make informed decisions regarding their sexual and reproductive health. Confidentiality and accessibility must be ensured for adolescents who seek sexual health services.

The WHO Regional Office for Europe

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WHO/EURO:2021-3440-43199-60518

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