



World Health  
Organization

# Helping parents in developing countries improve adolescents' health







# Helping parents in developing countries improve adolescents' health



**Acknowledgements:**

*The World Health Organization (WHO) thanks Rae Simpson of the Massachusetts Institute of Technology, for the preparation of the initial draft of this document incorporating inputs from background papers, relevant publications and discussions during the October 2006 WHO consultation. Appreciation is extended for the major contributions of Brian Barber, University of Tennessee, Kristin Mmari, Jen Bernstein and Christina Fontecchio of the Bloomberg School of Public Health, Johns Hopkins University. In addition, the following individuals commented on and provided input to drafts: Swati Bhawe, Robert Blum, Doortje Braeken, Giovanna Campello, Matthews Chavunya, Shanti Conly, Mahua Mandal, Lucy Njoroge, Bame Nsamenang, Pauline Russel Brown, and Danny Wight. The final draft was prepared by Jane Ferguson, WHO. Editing and layout was undertaken by Inis Documentation ([www.inis.ie](http://www.inis.ie)).*

WHO Library Cataloguing-in-Publication Data

Helping parents in developing countries improve adolescents' health.

1. Adolescent health services. 2. Adolescent development. 3. Health behaviour. 4. Parent-child relations. 5. Parenting. 6. Parents. 7. Developing countries. I. World Health Organization.

ISBN 978 92 4 159584 1

(NLM classification: WA 330)

**© World Health Organization 2007**

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

*Photo credits:*

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.

Printed in

# Contents

|  |           |
|--|-----------|
| <b>Foreword</b>  | <b>4</b>  |
| <b>Introduction</b>  | <b>5</b>  |
| Adolescence and health                                       | 5         |
| Evolution of thinking about programmes for adolescent health | 5         |
| Relevance of parenting for adolescent health outcomes        | 6         |
| Dimensions of parenting                                      | 7         |
| Melding research and programming                             | 8         |
| <b>The Way Forward</b>                                       | <b>29</b> |
| Overall recommendations                                      | 29        |
| Recommendations for programmes                               | 30        |
| Recommendations for research                                 | 31        |
| References   | 32        |
| Annex 1: Technical Consultation list of participants         | 35        |



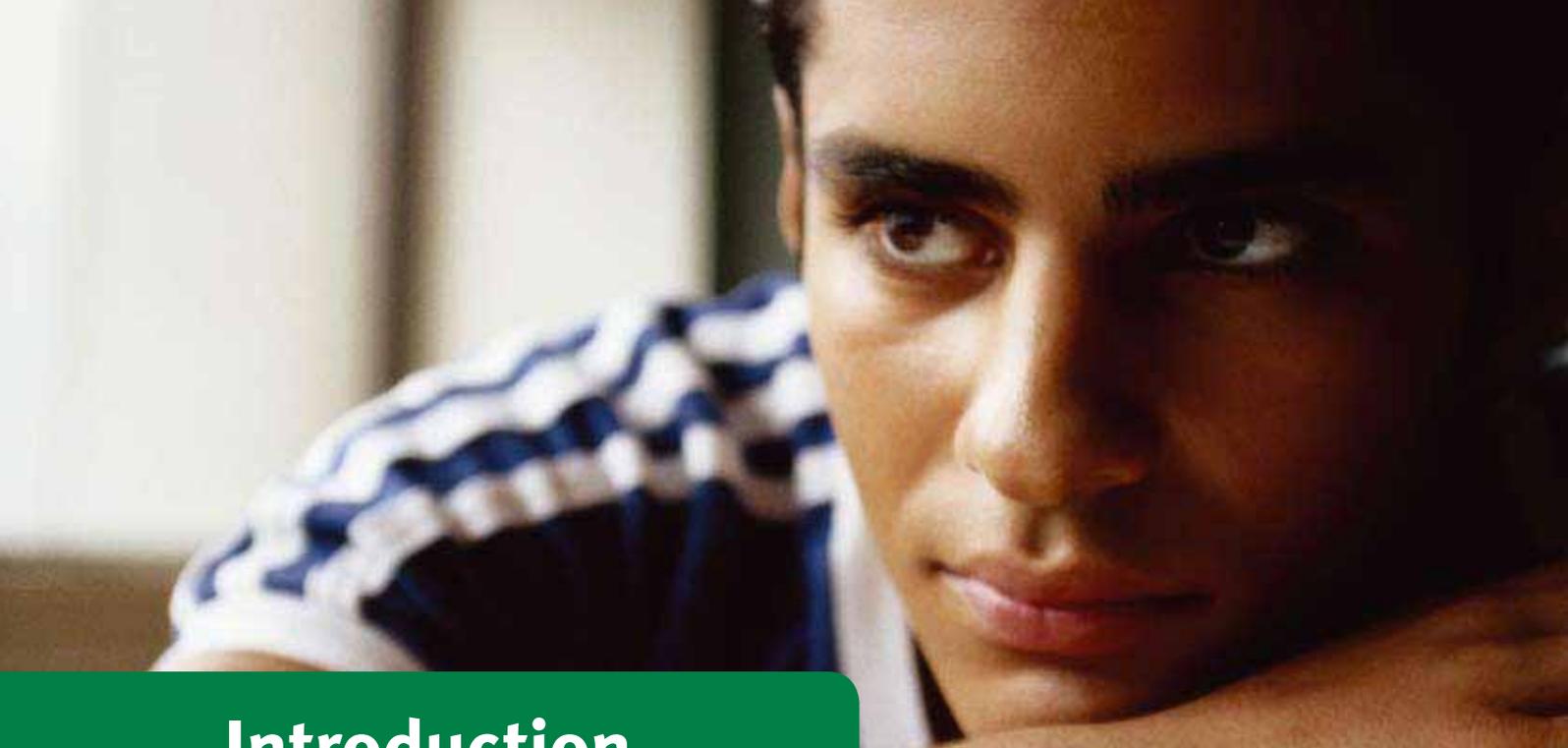
## Foreword

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

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_29636](https://www.yunbaogao.cn/report/index/report?reportId=5_29636)

