

# ADOLESCENCE AND THE SOCIAL DETERMINANTS OF HEALTH

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*In 2012, the Lancet published a special series that made the case for focusing attention and resources on adolescence, a critical stage when significant gains in health can be made and when lifelong patterns of health behavior are established. This set of three fact sheets summarizes the key data and messages from selected articles in the series.*

The second article in the *Lancet* series describes how adolescent health is influenced by social determinants: a complex array of personal, family, community, and national factors that shape their environment and circumstances. Using country-level data, Russell Viner and colleagues describe and explain the significance of these social determinants as well as the pathways through which they affect the health of young people ages 10 to 24.

## Social Determinants of Health

The World Health Organization (WHO) defines the social determinants of health as “the conditions in which people are born, grow, live, work and age.” These conditions are “shaped by the distribution of money, power, and resources at global, national, and local levels.” Social determinants operate at two main levels: structural and proximal.

Structural determinants—the ways in which a society is set up with regard to social, economic, and political contexts—can create divisions that lead to differences in status, power, privilege, and access to resources and information. Examples include national wealth, income inequality, educational status, sexual or gender norms, or ethnicity.

Proximal determinants are the circumstances of daily life that more directly influence a person’s attitudes and behaviors. Examples include the quality and nature of family and peer relationships, availability of food and housing, opportunities for recreation, and school environment. Since proximal determinants are shaped in part by stratifications resulting from structural determinants, as well as from cultural, religious, and community factors, they can lead to wide variations in young people’s exposure and vulnerability to health risks.

## Structural Determinants

Viner and colleagues state that “young people grow to adulthood within a complex web of family, peer, community, societal, and cultural influences that affect present and future health and wellbeing.” Adolescent health is especially affected by structural factors such as national wealth, income inequality, and access to education. Research shows that adolescents who live in countries that are wealthier or that have less socioeconomic inequality have better health. Widespread youth unemployment is one important marker of unequal wealth distribution and can contribute to various adverse health outcomes such as poor mental health, suicide, and violence-related death.

Education beyond the primary level is also associated with benefits across the life course—from lower HIV prevalence, injury, and teenage births to improved adult health and increased survival of future children. Nations with higher rates of secondary school completion also accrue broader economic and political gains such as increased productivity, sustainable development, and social stability.

Other structural factors can affect the safety and well-being of youth. For example, death and illness due to injury are common among adolescents and are influenced by a nation’s transport infrastructure, road safety policies, and gun control policies. War and conflict can also threaten adolescent health by disrupting the functioning of protective social, economic, and educational systems and the natural transition to adulthood; and by increasing exposure to violence.

Social norms also set the tone for health-related attitudes and behaviors. Given that young men and women begin to adopt adult gender roles during adolescence, prevailing gender inequities and expectations can expose girls and boys to different risk factors. In countries with greater levels of sex inequality, girls face a higher risk of death from communicable diseases such as HIV, while boys face a higher risk of death from injury.

## Proximal Determinants

Social connections and relationships can either protect or increase exposure to risk behaviors. Violence, substance misuse, and sexual risk pose dangers to adolescent health, while connectedness and social support are particularly strong protective factors. For example, good health and health behaviors are nurtured when parents and young people feel connected to their school and when the school provides a safe environment. The same occurs when adolescents feel connected to family and when they have parents or caregivers who are engaged in their lives, know about their activities, and model good health and health behaviors.

Protective neighborhoods offer social support, access to resources, and a sense of togetherness by encouraging community involvement and fostering healthy relationships across age and social groups. In recent years, a rapid rise in poor, densely populated urban neighborhoods that generally lack these protective features puts a great number of young people at risk for poor health.

The influence of peers is particularly strong during adolescence. Adolescents are more-protected from risk behaviors when they have friends who have strong social relationships and who model good health and health behaviors. The extent of peer influence, both positive and negative, has greatly expanded in recent years because of communication and interaction provided through social networking and media.

## Implications for Policy and Practice

To address the structural and proximal determinants that influence adolescent health, interventions are needed at the individual, school, and family levels. The WHO Commission on Social Determinants of Health identifies three particular areas for action. The first is to improve the conditions of daily life with families, peers, and in schools by addressing risk factors and focusing on factors that are protective across a range of health outcomes. Second, policies should aim to reduce inequities in the distribution of power, money, and resources, such as reducing barriers to youth employment and involving youth in decisionmaking about health services or other issues that affect them. Finally, efforts should be made to better identify and measure problems, evaluate actions, expand the knowledge base, develop a workforce trained in the social determinants of health, and raise public awareness about the social determinants of adolescent health.

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## Recommendations

- Dedicate greater attention and resources to adolescent health, and make young people and their concerns a priority across all government sectors.
- Increase the visibility and knowledge base for adolescent health issues through better data collection and information systems at the national, regional, and local levels:
  - Standardize and improve measurement and collection of data on adolescent health conditions and behaviors.
  - Expand knowledge of the role of social determinants and of risk and protective factors affecting adolescents.
  - Build the evidence base around effective preventive interventions.
  - Apply this knowledge to guide the development of policies and programs.
- Increase the capacity, through advocacy and training, of health care providers, researchers, policymakers, and others to appropriately and effectively identify and respond to adolescent health needs.
- Strengthen the voices and participation of young people to ensure relevant policy and program development and to empower them to shape their own health.

## Specific Actions

- Improve access to quality secondary education.
- Create safe and positive school environments that foster a sense of connectedness between adolescents and their schools.
- Reduce barriers to youth employment.
- Develop messages and interventions that encourage the formation of strong social relationships and positive examples by family and peers.
- Promote gender equality with a particular focus on increasing opportunities for education and employment among young women to prevent early pregnancy and its associated risks.

## References

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