

ADOLESCENTS AND HIV DEFINING ADOLESCENCE

“Too old for paediatrics and often deemed too young for adult health services, many adolescents fall through the cracks at a time they most need our attention.”
- Anthony Lake, Executive Director of UNICEF

INTRODUCTION

There are several different definitions of adolescence in use and this situation presents an obstacle to providing age-appropriate HIV and sexual and reproductive services to adolescents both globally and in eastern and southern Africa (ESA). This EHP SA Evidence Brief reviews the overlapping definitions of adolescence that are in current use and proposes a common definition that groups adolescents into three age bands: early adolescence (10-14 years), middle adolescence (15-19 years) and young adult (20-24 years).

APPROACH

This evidence brief is based on an in-depth report commissioned by EHP SA titled *Adolescents and HIV: Definitions and Disaggregation*¹. The research includes a literature review, interviews with key stakeholders in the ESA region and three case studies focused on Malawi, South Africa, and Tanzania.

This paper accompanies a second evidence brief: *Adolescents and HIV: Age Disaggregation*. See <http://www.ehpsa.org/research/adolescents> for evidence briefs and the full report.

PROBLEM STATEMENT

Adolescents are commonly defined as 10-19-year-olds by many agencies and institutions including WHO, UNICEF, national governments, NGOs and research institutions.

Other overlapping usages include:

- Adolescents and young people: 15-24 years (UNAIDS, UNGASS indicators);
- Children: under 18 years (the age of majority used by most ESA countries); and
- Adults: over 15 years (routine service data).

Thus, depending on the agency or institution, a 15-year-old in ESA may be categorised as a child, an adolescent, an adult, a young person or a youth.

WHY DOES THIS MATTER?

Adolescents may be included in a range of services, policies and programmes designed to include anyone from infants to the elderly. While overlapping definitions of adolescence may be necessary, they should add value and not confusion. The main issue is not that the 10-19 and 15-25 age ranges overlap with childhood and adulthood, but that they themselves are broad and overlap with each other. A clear definition of adolescence is necessary for collection and analysis of data and will assist in the development of age-appropriate policies and programmes.

FINDINGS

The review considered different ways of defining adolescence, including a lifecycle or life transition approach. This latter approach groups people according to key transition points such as onset of first period, leaving school, getting a job and becoming a parent, rather than age. The advantages and limitations of these two approaches are assessed below.



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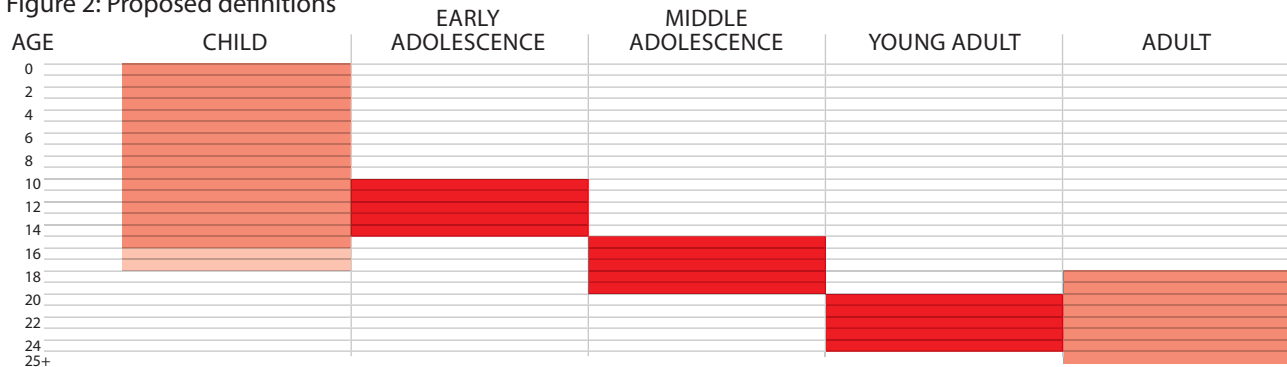
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Figure 1: Advantages and limitations of current definitions

Definition	Advantages	Limitations
Age band 10-19 years	<ul style="list-style-type: none"> Widely used Conforms to needs of data analysts for five-year age bands Allows for comparisons in data, policies and programmes 	<ul style="list-style-type: none"> Groups people in different developmental stages together A definition that is rarely used in presentation of data The start and end points of adolescence are not only determined by age Transitions to adolescence are culturally variable
Age band 15-24 years	<ul style="list-style-type: none"> Used by some multilateral agencies Conforms to needs of data analysts for five-year age bands Allows for comparisons in data, policies and programmes 	<ul style="list-style-type: none"> Groups people in different developmental stages together The start and end points of adolescence are not only determined by age Transitions to adolescence are culturally variable
Lifecycle approach	<ul style="list-style-type: none"> Resolves some of the issues with using standard age bands Allows the identification of defining moments of adolescence Enables a consideration of individual and cultural factors 	<ul style="list-style-type: none"> Clear criteria needed for categorisation Context-specific, therefore limits comparisons across countries etc.

A compromise approach involves dividing adolescence into three stages: early adolescence, middle adolescence, and young adulthood. This approach has the advantage of grouping people with similar needs and experiences together. Another advantage is that the age ranges align with child/adult cut-off points and would therefore reduce the risk of people being lost in overlapping definitions. The figure below shows the three proposed age bands in comparison with the current definitions of child and adult.

Figure 2: Proposed definitions



CONCLUSIONS

For most data collection and analysis purposes, we can standardise adolescence into three stages – early adolescence, middle adolescence, and young adulthood. While there are various approaches to defining these three groups, the current standard five-year age bands may be most practical. Thus, early adolescence would include ages 10-14 years, middle adolescence 15-19 years, and young adult 20-24 years. This allows for more consistent and interpretable comparisons between studies and populations.

Additional data and analysis of risks and needs in relation to transition stage rather than age may also be required for policy and programming.



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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

