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Mattias Lundberg
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The impact of adolescent risk behavior on economic development

Mattias Lundberg⁽¹⁾

If death rates are the benchmark, young people are healthy; and today's young people are healthier than at any time in history. This human capital presents an unprecedented opportunity for further investment and growth. Young people in developing countries have an average mortality rate of less than 3 percent, down significantly over the past 20 years and a fraction of that for infants and adults.

But average mortality is a misleading measure, since it does not reflect the behavior that puts their health at risk later in life. Young people around the world make choices that put their health and growth at risk. These choices can have significant consequences for economic development, for young people themselves and for future generations. A more appropriate benchmark of youth health would reflect such behaviors as tobacco use, drug use, excessive alcohol consumption, sexual behavior that increases likelihood of sexually transmitted disease, and inadequate diet and physical activity. These behaviors affect them while they are still young; for example, unprotected sex can lead to HIV infection or an unplanned pregnancy. But most of the adverse consequences show up only when they grow older, in such noncommunicable diseases as lung cancer, diabetes, and heart disease.

This paper will present some of the findings of the 2007 *World Development Report – Development and the Next Generation*, and it will try to address the following questions:

- The choices young people make have consequences for all of us, not just for the young people who make them. What is the cost of risky behavior, in terms of economic growth and the need for future remedial interventions?
- How can we intervene to change behavior, to help young people develop and protect their human capital? What is needed, and where should we intervene?

- Why do young people take risks with their health, and with their futures?
- And finally, do we have any evidence of interventions that have successfully changed behavior among young people?

It has been estimated that nearly two-thirds of premature deaths and one-third of the total disease burden of adults can be associated with conditions or behavior begun in youth (Lule and others 2005). These health problems can remain dormant for years. Smoking prevalence among men in the United States peaked in the 1940s, yet deaths from lung cancer had increased four-fold into the 1990s. One study estimates that global tobacco use already costs the equivalent of \$200 billion per year (World Bank 1993). The need to provide treatment and care for AIDS patients is putting an enormous strain on the limited resources available for health care.

Clearly, the best way to avoid the future loss of productive human capital and the steep increases in future health care expenditure is to modify health behavior during youth, when habits are still being learned. Policies to promote better health for young people rest on three legs. First, give them the knowledge to help them make informed choices about their behavior—and the skills to negotiate safe behavior with peers and partners. Second, create an environment for the young to practice healthful behavior, making risky behavior costly, and limiting the opportunities for it. Third, for young people harmed by poor health decisions or environments, provide health services, treatment, and rehabilitation. Broadening access to these services—whether dealing with unwanted pregnancies, obesity, or drug addiction—will minimize the long-term consequences and lead to better health.

Individuals make poor choices partly because they don't have complete information about the consequences of their behavior over time. Unpro-

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tected sex and excess tobacco and alcohol consumption are risky, but the risks are difficult for young people to quantify. Moreover, some information, such as HIV status, is easily withheld from partners, and during the early (and more virulent) stages of many infections, infected persons may be unaware of their true status.

Young people lack information partly because they lack experience. Youth is a time of experimentation; this experimentation is partly intended to acquire information about behavior, choices, and consequences, as well as to form a sense of identity and belonging. People make choices because of the pleasure and benefits they yield. Risky behavior can be attractive or convenient. But the pleasure from some of these behaviors is fleeting, while the costs can persist. Young people may believe that experimentation is safe, but experimentation can lead to habits and addictions, which can be destructive and extremely difficult to break. Finally, young people may be coerced into engaging in risky acts – they may not have the power or the skills to refuse, or to avoid risky situations.

Preferences may be time-inconsistent, and behaviors can have irreversible consequences. In the future today's youth will most likely wish they had made different decisions when they were, young especially if they begin to suffer the consequences. For many of these adverse consequences, it is not possible in later life to undo the damage caused by earlier behavior. Treatment, especially for such non-communicable diseases as cancers, diabetes, and heart disease, is expensive and often ineffective.

What policies or interventions can change the preferences of young people themselves? What can we do to encourage them to make safer choices? Information and the opportunity to choose wisely are essential, but they are insufficient. Even when young people are presented with the information, and the means, and the opportunity, to make the safe choice, many will choose to take the risky path. Evidence especially from HIV/AIDS interventions shows that changing knowledge is not always enough to change behavior. There have been successful information campaigns with behaviors such as handwashing and hygiene; but it is much harder to change behavior that is private and subject to strict social conventions. This includes both sex and food. Increasing prices for both cigarettes and illicit drugs does discourage consumption – but how can we increase the immediate price of poor private choices, or rather, lower the price of safety?

Ultimately we know rather little about what works to change preferences. There are very few properly evaluated programs – that is, with explicit counterfactuals and objective measured outcomes. There is much conjecture, and much passion, about what works in all of the areas covered in the entire WDR, not only in health or reproductive health. Since we've now had 25 years of the AIDS epidemic, this is pretty shocking. In reviewing over 200 evaluations of youth-oriented HIV interventions, fewer than two percent showed positive, objectively-measured outcomes. That is not enough to make decisions about the millions of dollars of money spent each year on youth, or the billions on development. Imagine how much we could do if we really knew what we were doing?