Health Trends:

According to Canadian statistics, 83% of women aged 15-19 are sexually active, 26% of whom do not use contraceptives. As a result, these young women are vulnerable to sexually transmitted infections and unplanned pregnancy. In Canada, 60% of all new HIV infections occur in women under the age of 20. In addition, approximately 35,000 Canadian women in this age group become pregnant annually. Unfortunately, the risk of prenatal and neonatal complications is significantly higher for adolescent women than for women over the age of 20.

Mental health issues, specifically depression, also represent a significant health concern for adolescent women. According to Canadian statistics, over 93,000 women aged 12-17 have experienced depression. Depression often stems from victimization in the form of physical, psychological, and sexual abuse; affecting one third of Canadian women between the ages of 10 and 19. In addition, 61% of adolescent women report that, by age 16, they experience a great deal of stress in their day-to-day lives. One of the unfortunate consequences of stress, victimization and depression is a rate of attempted suicide among adolescent women that is five times higher than among adolescent men.

Smoking continues to be a major health trend among young women as well as a concern for health care professionals and educators.

According to Health Canada, 25% of women aged 15 to 19 smoke. Eating disorders such as anorexia and bulimia also represent a significant health issue for adolescent women, affecting about 5% of that population. However, weight preoccupation represents a much more widespread concern. The majority of adolescent women in Canada reveal that their appearance is important to them and that they worry about the way they look. In fact, Canadian surveys indicate that it has become normative for young women to feel fat or to desire weight loss, even when they fall within their healthy weight range.

Determinants of Health:

The present definition of adolescent health is one that describes a successful transition into adulthood, effective coping, absence of illness and mortality, as well as healthy behaviors and the avoidance of risk. Consequently, the broad determinants of adolescent health include physical and social environments, opportunities for educational and professional pursuits, as well as encouragement of goal achievement. Adolescent health is further characterized by social supports from family, peers, and the community, issues related to safety, sex-role expectations, education, socioeconomic status, access to appropriate health care and issues of discrimination.

Adolescence is a period in which social acceptance, values sharing, and social integration significantly influence health behaviors and represent important determinants of health. Ethnic identity is closely related to social integration and is fundamental to psychological health and well-being. Consequently, for young women of visible ethnic minority status, racial discrimination represents a major health determinant. Negative societal perceptions of minority culture have created an environment in which these young women must attempt to balance their own cultural values, beliefs, and norms with those of mainstream society. Unfortunately, systemic racism creates a social atmosphere that is
detrimental to the mental and physical health of young Black, Native, and immigrant women.

When asked to describe elements of the social environment that impact their health, young women report unequal access to higher education in the form of financial barriers that contribute to a cycle of poverty. They also cite the media’s unrealistic portrayal of feminine beauty as a precursor to negative self-image and subsequent weight preoccupation and/or eating disorders.

The issue of poverty is particularly important for teen mothers, women with disabilities and young women of ethnic minority status, in terms of barriers to accessing educational opportunities and the labor market. Young women living in conditions of poverty experience higher rates of low birth weight babies and infant death. In addition, as a group, they also experience lower rates of condom use, birth control, and emotional health.

**Research:**

Most clinical and epidemiological research on adolescent women’s health has traditionally focused on sexuality (HIV and STIs) and reproduction (contraception use, unplanned pregnancy, abortion, and birth complications). A lesser number of clinical studies explore the victimization of young women, targeting sexual abuse as well as the prevalence of drug and alcohol use and dependence.

The majority of these studies are of large scale design and often rely on adolescents’ perceptual reports that may reflect projection and/or attribution on the part of respondents. Sociological research tends to focus on issues affecting and affected by trends in adolescent women’s physical and mental health.

Critics of the current trends in adolescent women’s health research contend that the influence of cultural and social factors has not been well conceptualized nor has it been fully incorporated into health theory. They argue that the current fragmented, non-population based approach to this research does not include diverse experiences, nor does it focus on the key issues of housing, safety, child care, family services, education, employment, rural isolation or income.

Community based or women centered research into adolescent women’s health is rare. Moreover, few studies highlight the ways in which social determinants impact adolescent women’s lives. Currently, there exists a significant gap in the literature with respect to studies that explore the cultural influences of health, the cross cultural issues of family structure and function as well as the role of health services in preserving adolescent health. Additionally, there is an absence of studies that examine ethnicity and its implications for mental health, barriers to disseminating health information (ie: budgets) as well as the health issues faced by immigrant teens, related to acculturation and access to services.