Opportunities to advance measurement of adolescent wellbeing: building on a new conceptual framework

Available data are insufficient and inconsistent, but increasing focus on adolescent wellbeing provides the impetus to advance measurement, argue Holly Newby and colleagues

Investing in adolescent wellbeing has economic, humanitarian, and social benefits for adolescents today, their future lives, and the lives of future generations. Recent programmatic efforts to improve adolescent wellbeing have been accompanied by appeals for better data and monitoring. A 2019 adolescent wellbeing call to action, for example—which was subsequently endorsed by United Nations agencies, civil society organisations, youth-led organisations, and national governments—urged for more and higher quality disaggregated data to guide action. Robust data can both identify areas of need for targeted focus and measure the effects of interventions. We describe efforts that are under way and advocate for the importance of developing a new approach to measuring adolescent wellbeing.

The Adolescent Wellbeing Framework: a new direction for measurement

In 2020 the UN H6+ Technical Working Group on Adolescent Health and Wellbeing developed the Adolescent Wellbeing Framework, based on a definition of adolescents having “the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realising their full potential and rights.” The framework includes five interconnected domains—good health and optimum nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience. The framework provides a foundational step towards advancing measurement through defining and conceptualising adolescent wellbeing. Developing a new measurement approach based on this framework requires the overall concept, as well as components of each domain, to be operationalised into measurable elements. These elements include adolescents’ own subjective perceptions of their wellbeing and experiences as well as objective assessments of aspects of their lives, such as material and social resources and educational achievement. A comprehensive measurement approach must also encompass both positive and negative assets, experiences, and outcomes, because adolescent trajectories are shaped by both.

Current measurement approaches are fragmented

A recent overview of adolescent wellbeing measurement compiled indicators and items used in multiple countries, assessing global level measurement and accountability initiatives; multi-topic questionnaires; and wellbeing specific data collection instruments. It focused on positive measures of adolescent wellbeing, finding that no initiative covered all five domains of the recently proposed framework and that indicators varied across the initiatives. Most indicators related to narrow aspects of the domains and were generally skewed towards measuring objective rather than subjective elements of wellbeing. The review also found inconsistencies across major survey programmes. Data collection instruments such as the school based Health Behaviour in School-Aged Children Study and the Global School-Based Student Health Survey collect cross-country comparable data directly from adolescents, although the age ranges of interviewed students are different. These surveys cover some of the same topics, but most indicators are based on different questions and are formulated differently; for example, the Global School-Based Student Health Survey asks about the number of close friends (an objective question), whereas the Health Behaviour in School-Aged Children Study asks subjective questions about the perceived strength of friendships. Multiple indicator cluster surveys, which are part of an international household survey programme, also collect cross-country comparable data, but these surveys cover fewer adolescent wellbeing topics than the school based surveys and generally obtain data pertaining only to adolescents aged 15-19 years.

The paper reviewed instruments specific to wellbeing that have been administered to adolescents, such as the Short Warwick-Edinburgh Mental Wellbeing Scale and the Stirling Wellbeing Scale. Although these scales cover multiple domains of the Adolescent Wellbeing Framework, the items differ in their formulation and intended age range. Examples of subjective and objective positive indicators’ show how existing measures relate to adolescent wellbeing across the five domains (fig 1).

Beyond these individual indicators and scales, there are isolated but encouraging examples of efforts to compile multidimensional measures to assess the wellbeing of children and adolescents, although the measures vary, and none is aligned with the new adolescent wellbeing framework. Unicef, for example, has led development of a set of wellbeing indicators for Latin America and the Caribbean and has compiled and analysed data for a comprehensive assessment of child wellbeing in high income countries. A systematic review of studies in South Africa indicated increasing interest and
ADOLESCENT WELLBEING

work on wellbeing of young people in that country.

In the United Kingdom, the Office for National Statistics regularly reports on the wellbeing of children and adolescents up to age 15 years, using 31 indicators across seven domains. We found no single example of a comprehensive measurement approach aligned with the Adolescent Wellbeing Framework.

**Key considerations**

Advancing a comprehensive and actionable measurement agenda for adolescent wellbeing will require consideration of several fundamental factors.

Firstly, the measurement of adolescent wellbeing must reflect the wellbeing of all adolescents. The current measurement landscape is characterised by lack of data for some subpopulations (including younger adolescents and out-of-school adolescents) and topics (such as male sexual and reproductive health). This can be overcome by ensuring that data collection methods are inclusive, paying particular attention to these groups, and that data disaggregation is embedded in measurement approaches.

Secondly, many measurement efforts still focus narrowly on specific negative behaviours, risks, and outcomes (such as alcohol and tobacco use and experiences of being bullied) rather than positive behaviours, experiences, assets, and outcomes (such as physical activity and friendships). To better target investment, adolescent wellbeing should not be simply reduced to a set of programmatic interventions for when things have gone wrong or to the absence of negative experiences and outcomes, but instead should incorporate measurement of positive assets and outcomes.

Thirdly, measuring adolescent wellbeing comprehensively should include both subjective and objective elements. Although some data collection efforts seek to draw on young people’s perceptions and experiences, this is often not the case. Considering education, data on objective indicators (such as school enrolment and attendance) are typically widely available, for example, whereas data related to learning more generally (such as opportunities for skill development) and on subjective measures (such as motivation for learning) are much less commonly available.

Fourthly, more and better data are needed directly from adolescents themselves, which is particularly important for subjective indicators. In many countries, however, collecting such data requires prior consent from others, including parents or care givers, which potentially compiles data collection. Furthermore, interpreting the results might be challenging, as adolescents’ views of their lives might fluctuate over time. Additionally, analysis of subjective data and comparison across settings and over time might be complicated by variations in the local social situation, cultural specificity, varying norms, and differences in stigma around reporting. These problems can be overcome through a combination of careful data collection protocols and thoughtful analysis that contextualises the results.

Finally, measurement needs to consider the most developmentally appropriate aspects of wellbeing through adolescent life stages. Some indicators used for measurement of adolescent wellbeing were originally developed for a different age group rather than with the specific needs of adolescents in mind. Sexual health indicators, for example, are often based on data from adults of reproductive age (typically those aged 15–49 years). Furthermore, there are substantial developmental differences across adolescence, so what is appropriate at some ages might be less so at others, further emphasising the importance of age disaggregation across the adolescent and young adult years.

No single global measurement framework can fully capture the priorities and approaches of individual countries. Ideally, a measurement approach would propose overall standards, including a core set of indicators and suggested adaptations. But regions and countries will always need to adapt global approaches as necessary for their situations.

Although not specific to adolescents, Australia provides an interesting example of efforts to measure wellbeing of a specific subpopulation (box 1), reflecting what is important to Aboriginal and Torres Strait Islander people. This measurement approach both responds to the articulated needs and conceptualisations of a specific subpopulation and pairs measurement with efforts to promote wellbeing across policies and actions.

**Conclusions**

There is a critical need to improve the measurement of adolescent wellbeing. This should be done through harmonisation and prioritisation of currently used indicators, guided by the domains of the recently proposed UN Adolescent Wellbeing Framework. Developing a measurement approach must build on and learn from existing initiatives, as well as success stories from countries, and consider aspects specific to adolescent wellbeing measurement. These aspects include considering all adolescents, shifting towards more positive measures, including both objective and subjective elements of wellbeing, collecting more information from adolescents directly, and using age appropriate assessment methods.

The Global Action for Measurement of Adolescent Health (GAMA) advisory group provides a foundation for the development of a new approach to measuring adolescent wellbeing. It has been advising the World Health Organization and the UN H6+ agencies since 2018 to address the historically fragmented measurement landscape in adolescent health. A key focus of this work has been identifying a set of priority indicators, which focus primarily on areas overlapping with the...
Aboriginal and Torres Strait Islander people have hundreds of distinct languages and cultural groups, with sophisticated conceptualisations of wellbeing. In all of them, the health of individuals is intertwined and inseparable from that of family, community, land, and culture. Efforts have been made to measure wellbeing in a way that reflects what is important to Aboriginal and Torres Strait Islander people themselves, using core subdomains, including culture, heritage, and leisure; family, kinship, and community; health; education, learning, and skills; customary, voluntary, and paid work; income and economic resources; housing, infrastructure, and services; law and justice; and citizenship and governance. A national social survey, specific to Aboriginal and Torres Strait Islander people, enables measurement of these core constructs at the population level.

The measurement and reporting of wellbeing coincide with the inclusion of broad social determinants of health in Australia’s national policy framework to tackle health inequities. This policy was recently renewed with a stronger commitment to tackling wellbeing more broadly, going beyond the original target of closing the gap in life expectancy in a generation. Wellbeing is deeply reflected in care provided by the Aboriginal Community Controlled Health Sector, which provides a holistic model of comprehensive primary health care. But efforts to address adolescent health or wellbeing among Aboriginal and Torres Strait Islander people remain in their infancy despite numerous consultations emphasising substantial need. It is pleasing that the Australian government developed a new policy framework for adolescent and youth health overall, with wellbeing being an important focus throughout this framework.

Cite this as: BMJ 2022;378:e068955
http://dx.doi.org/10.1136/bmj-2021-068955

BMJ: first published as 10.1136/bmj-2021-068955 on 27 October 2022. Downloaded from http://www.bmj.com/ on 4 April 2024 by guest. Protected by copyright.