

Adolescent and youth health in Africa

Dr Isabel Kazanga Chiumia highlights some of the key health issues affecting adolescents and youth in Africa and strategies to address them

Adolescents and youth, together addressed as ‘young people’, form the future building blocks of any society.¹ The World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) define adolescents as persons aged 10-19 years, while youth as those aged 15-24 years.^{2,3} The youth make up one quarter of the world’s population. There are 1.8 billion young people aged between 10 and 24 in a world population of 7.3 billion.⁴ About 226 million youths lived in Africa in 2015 accounting for 19% of the global youth population and it is estimated that the number will double by 2045.⁵ Africa is the world’s youngest and fastest growing continent.

In setting the Sustainable Development Goals (SDGs) for all countries to be achieved by 2030, world leaders pledged that ‘no one will be left behind’, including adolescents and youth in Africa. The SDGs recognise that investing in young people is critical to achieving inclusive, equitable and sustainable development for present and future generations. In the African Region, Member States have made several commitments to improve women’s, children’s and adolescents’ health, including the Maputo Plan of Action which provides for delivery of quality and affordable health services to promote women, children and adolescent health. Based on the SDGs 2030 agenda related to health, the United Nations (UN) launched a Global Strategy for Women’s, Children’s and Adolescents Health to guide national governments and stakeholders on key health issues, challenges priority actions for implementing the global strategy.⁶ This article presents some of the key challenges affecting adolescents and youths in Africa and the strategies to address them based on the review of different literature.

Adolescents and youth in Africa face various health challenges. Young people being the most active, energetic, fearless, and dynamic population group, tend to get involved in high-risk behaviors making themselves vulnerable to various health problems.¹ During this phase, an individual goes through a developmental stage that is critical to building their physical, cognitive, emotional, social and economic abilities that have implications on their health and wellbeing.⁸ Young people tend to explore and experiment with high-risk behaviours and practices which can jeopardise their health and ability to develop to their full potential. For instance, alcohol and tobacco use, lack of physical

activity, poor diet, unprotected sex and/or exposure to violence in young people can have serious consequences both on their current health and their health as adults, and even the health of their future children.

It is estimated that about 1.2 million adolescents die every year and more than 3,000 adolescents die every day across the world, mostly from preventable or treatable causes, with most of these deaths occurring in Africa and Southeast Asia.^{2,5} Mortality for adolescent girls aged 15–19 is over ten times higher in the African Region than in high-income countries.⁹ The leading causes of mortality and morbidity among adolescents and youth in Africa, as well as globally include complications from pregnancy and childbirth, HIV/AIDS, injuries for instance due to road traffic accidents, drug and substance abuse, among others.^{1,2,7}

About 70,000 adolescents die annually in developing countries, including in Africa, due to complications related to pregnancy and childbirth.¹⁰ Adolescent birth rate among girls aged 15–19 years is at 44 per 1000 births globally, with country rates ranging from 1 to over 200 births per 1000 girls, and the vast majority of births occurring in the African and Asian regions.² The 2016 Lancet Commission reports that about 10–20% of 15–24-year-olds in the sub-Saharan African region have their first sexual intercourse before the age of 15 years, and that one in five women in Africa gives birth by the age of 18 years.⁸ In Tanzania for example, 58% of 20–24-year-old girls were sexually active before 18 years (14% before 15 years). Furthermore, the *Lancet* also reported high rates of unmet need for contraception among young women aged 15–24 across sub-Saharan Africa.

In Africa, adolescents face different challenges that affect their sexual and reproductive health for instance, early child marriage, limited access to contraceptives due to restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents’ sexual health needs, and adolescents’ own inability to access contraceptives because of lack of knowledge, transportation, and financial constraints.^{2,8,11} Gender inequality, sexual violence and coercion, obstacles to human rights, poverty and culture are further factors.^{1,2,8,11}

In order to address challenges affecting sexual and reproductive health (SRH) of adolescents and youth in Africa, there is a need to increase access to information and youth-friendly SRH services, empower young people through education, establish and enforce laws that specify a minimum age of marriage at 18 years and

Isabel Kazanga Chiumia, PhD, Lecturer, Department of Health Systems and Policy, College of Medicine, University of Malawi

to tackle sexual violence/abuse, and harmful cultural practices.

WHO reports that more than 2 million adolescents are currently living with HIV globally with the majority residing in the African region.² In 2008, Africa accounted for 83% of deaths among young people aged 10–24 caused by HIV/AIDS.⁹ HIV prevalence among young people in Africa varies among countries.⁹ For instance, in Malawi the HIV prevalence among young people aged 15–24 is about 3%, while in the highly affected countries such as Botswana, Lesotho, South Africa and Swaziland, the HIV prevalence of young people aged 15–24 varies between 12% and 16%.⁹ The high burden of HIV among adolescents and youth in Africa indicates that young people have limited access to care and support they need to remain in good health and prevent transmission. In sub-Saharan Africa only 10% of young men and 15% of young women aged 15–24 are aware of their HIV status.² To address this challenge there is a need to inform young people on how to protect themselves and the must have the means to do so. This includes being able to obtain condoms to prevent sexual transmission of the virus and clean needles and syringes for those who inject drugs. Better access to HIV testing and counselling, and stronger subsequent links to HIV treatment services for those who test HIV positive, are also needed.

Another major health issue of concern affecting young people in Africa is injuries, for example due to road traffic accidents, drowning, violence and suicide.^{2,8} In 2015, over 115,000 adolescents died as a result of road traffic accidents, while 57,000 adolescents died due to drowning worldwide.² To prevent road traffic accidents, there is a need to ensure that young drivers receive training on how to drive safely and to strictly enforce laws that prohibit driving under the influence of alcohol and drugs. Blood alcohol levels need to be set lower for teenage drivers. On the other hand, drowning can be prevented by teaching adolescents and youth to swim as an essential intervention to prevent these deaths. WHO reports that about 43% of all adolescent male deaths in low- and middle-income countries are due to violence and recommends that injuries and deaths due to violence can be prevented by nurturing relationships between parents and children early in life, providing training in life skills, and reducing access to alcohol and firearms.² Additionally, it also recommends that effective and empathetic care for adolescent survivors of violence and ongoing support can help deal with the physical and psychological consequences. The risks for suicide increase in adolescence and youth, particularly for the socially marginalised, and they include depression, alcohol abuse, mental disorders, antisocial behavior, sexual abuse, physical abuse, poor peer relationships and unsupportive parents/guardians.^{2,8} Adolescent-specific suicide prevention strategies should aim at improving knowledge of and attitudes about suicide, increasing help-seeking for suicidal thoughts and behaviours; identification and referral of at-risk young people (e.g. by health professionals, teachers, parents, or peers); reduction of risk factors for suicide; and promotion of mental health.^{2,8}

Drug and substance abuse among adolescents and youth is another major global concern, and has serious consequences on their behaviour and health.^{1,2,8} For instance, as highlighted before, harmful drinking reduces self-control and increases risky behaviours, such as unsafe sex or dangerous driving. It is the main underlying cause of injuries (including those due to road traffic accidents and violence) and premature deaths. It can also lead to health problems in later life and affect life expectancy. Setting a minimum age for buying and consuming alcohol and regulating how alcoholic drinks are targeted at the younger market are among the strategies for reducing harmful drinking. Drug control focus on reducing drug demand, drug supply, or both, and successful programmes usually include structural, community, and individual-level interventions.²

The youth are key to achieving sustainable development for any nation. They are today's and future leaders. Investments in adolescent and youth health and well-being will yield a triple benefit – today, into adulthood, and the next generation. The unique challenges that young people face in life mandates for explicit and specific attention in legislation, health policy and programmes.

Since the health factors that affect adolescents and youth in Africa are complex and result from diverse underlying societal, economic, cultural and other factors, solutions to addressing the challenges will require holistic approaches and multi-sectoral collaborations/partnerships particularly focused on investing in their health and education, youth empowerment, promoting respect of human rights for all, reducing poverty and rectifying gender inequalities.

References

1. Arora, S.K., Shah, D., Chaturvedi, S., and Gupta, P. 2015. Defining and Measuring Vulnerability in Young People. *Indian J Community Med.* 40(3): 193–197
2. World Health Organization, Adolescent Health. 2017. WHO Regional Office for Africa [Last accessed on 10 April 2019]. Available from <https://www.afro.who.int/health-topics/adolescent-health>
3. United Nations Children's Fund, For Every Child, End AIDS – Seventh Stocktaking Report, UNICEF, New York, December 2016
4. UNFPA. The power of 1.8 billion: adolescents, youth and the transformation of the future. New York: UNFPA; 2014.
5. United Nations. 2015. Population facts: Youth population trends and sustainable development [Last accessed on 10 April 2019]. Available from www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2015-1.pdf
6. World Health Organization. 2018. Global strategy for women's, children's and adolescents' health 2016–2030 implementation in the African region
7. World Health Organization. Health for the world's adolescents: A second chance in the second decade [Last accessed on 10 April 2019]. Available from <http://apps.who.int/adolescent/second-decade/section2>
8. Patton, G.C., et al. 2018. Our future: A Lancet commission on adolescent health and wellbeing. *Lancet* . 11; 387(10036): 2423–2478. doi:10.1016/S0140-6736(16)00579-1.
9. Patton G.C., et al. 2009. 'Global patterns of mortality in young people: a systematic analysis of population health data, *The Lancet* 374: 881–892.
10. United Nations. 2012. World Population Monitoring Adolescents and Youth. Department of Economic and Social Affairs Population Division
11. UNFPA. 2013. Motherhood in childhood: Facing the challenge of adolescent pregnancy [Last accessed on 10 April 2019]. Available from <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf>