

Accelerating the promise

Dr Kihara Anne Beatrice explains why adolescent and gender inclusivity is pivotal in Africa to attain the SDGs by 2030

The mandate of the Sustainable Development Goals (SDGs) includes developing effective, accountable and transparent institutions at all levels; ensuring responsive, inclusive, participatory and representative decision-making at all levels; and ensuring public access to information and protection of fundamental freedoms. This should be in accordance with national legislation and international agreements.

Many countries have experienced significant social development, economic growth and political inclusivity in recent decades. However, not all people benefit from these developments equally.

Women, young people, ethnic minorities, differently abled people and those in humanitarian crisis are often disadvantaged, especially low- and middle-income countries (LMICs) in Africa.

Therefore, an understanding of population demographics, public health, social determinants, research systems, environmental degradation and climate change are essential ingredients for development of nations. If we are to have no one left behind, accelerated efforts are needed and they should be directed to the youth with even more emphasis on the adolescent.

We must have gender inclusive approaches within the Global strategy for women's, children's and adolescents' health 2016–2030. The African Union clarion call further emphasises on this. It calls for 'An Africa whose development is people driven, relying on the potential offered by people, especially its women and youth and caring for children by 2063.'

Adolescence and gender in Africa

There are 1.2 billion adolescents in the world today, the largest generation in human history.

If we empower them with the right tools – espe-

cially in LMICs, where the need for gender inclusivity is highest – we will move towards the realisation of the demographic dividend and SDGs in our nations.

The Global Human Development Index shows unattained achievements in Africa. This is also elaborated by the Gender Development Index (GDI), a measure of gender equality as well as the Gender Empowerment Measure, which accounts for the human development impact of existing gender gaps in the three components namely life expectancy, education and per capita income indicators.

The global trends in Universal Health Coverage show gaining momentum (Figure 1) but we are not doing enough in Africa let alone for youth and adolescents.



Figure 1: Progress on Universal Health Care

There is need to address maternal health and the health of women and adolescent girls of reproductive age; the biological functions of pregnancy and childbirth intersect with gender inequalities and poverty, which exposes women to maternal health risks.

The challenges include: a lack of autonomy to make decisions about one's own health care; low levels of education circumscribing the ability to make informed health care decisions; limited control over financial resources; restricted mobility to access health care services and power differentials between health care providers and recipients. These are some of the factors behind persistently high maternal, perinatal and neonatal mortality rates and which preclude women from receiving the quality of care essential for ensuring healthy pregnancies and deliveries.

Adolescent girls, especially younger girls, are particularly vulnerable because they face the risks of premature pregnancy; pregnancy and childbirth complications

Dr Kihara Anne Beatrice is the President of the African Federation of Obstetrics and Gynaecology and Eastern Mediterranean Region President Emeritus of the Kenya Obstetrics and Gynaecology Society. Dr Kihara made this presentation at the ICPD + 25 Nairobi Summit side-line meeting on 13th November 2019. This event was planned by the African Centre for Global Health and Social Transformation in collaboration with Health system advocacy Partnership in Nairobi, Kenya



and unsafe abortion. These are the major drivers of why they die. In the 2010–2015 period, over 45 per cent of women 20–24 reported having given birth for the first time by age 18. In Sub-Saharan Africa, birth rates among adolescents reach over 200 births per 1,000. Among girls aged 15–19 this amounts to 12 million women delivering as adolescents.

About 21 million 15–19-year-old girls in developing countries become pregnant every year, and nearly half of these pregnancies (49%) are unintended. Some 38 million 15–19-year-old adolescent girls are at risk of pregnancy but do not want a child in the next two years. Yet, only 40% are using a modern method of contraception.

Adolescents and young people represent a growing share of people living with HIV worldwide. In 2015 alone, 670,000 young people aged 15–24 were infected with HIV, of whom 250,000 were adolescents between the ages of 15 and 19. This implies that every week, around 6,200 young women aged 15–24 become infected with HIV. In Sub-Saharan Africa, four in five new infections among adolescents aged 15–19 are in girls. Young women aged 15–24 years are twice as likely to be living with HIV than men (UNAIDS, 2019). A global strategy The ALL IN! to End Adolescent AIDS agenda was launched in 2015 in partnership with other international health and development partners. This agenda established 2020 targets to better position the global AIDS response to end the AIDS epidemic among adolescents by 2030.

Demographically, Africa has a population of 1.3 billion, with young people accounting for up to 40%. We are at a tipping point for the demographic dividend. We must accelerate investment in our greatest asset through adolescent empowerment and reduce gender inequities to unlock our potential. Formal and technical vocational education system is central to meeting the SDG and targets; education addresses the unequal power relations, social norms and systems of belief that underpin gender inequality in societies.

There is also need to focus on indigenous knowledge systems with emphasis on value added propositions and elimination of harmful cultural practices such as FGM, early marriages and early sexual debut. More

efforts in addressing women and girls in humanitarian and conflict situations cannot be ignored. Engendered socio-economic empowerment increases women's access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development, market information and their inclusivity in politics centrally and at the grassroots in African nations.

Enablers include analysis of the Political, Economic, Social, Technological, Legal, and Environmental (PESTELE) environment towards provision of leadership and governance that focuses on all age cohorts, gender mainstreaming in national and global legislature, policies and strategies. This will facilitate ending the assumptions that fail to address the needs of adolescent, youth and women. In African nations, the adolescents and youth, women and other marginalised and vulnerable populations need to be at the centre of discussions; with advancing technologies and communication strategies and provision of capacity building that brings different lens/ diversity of thinking and engagement for informed choices and decision-making centrally and at grassroots.

Progressive Universalism means expanding coverage with 'southern ownership' while ensuring that the poor and vulnerable persons are not left behind. We must invest in gender, adolescent and youth equity for optimal productivity, environmental upgrading and sustained development. We must strengthen policy coherence and there must be accountability to ensure fulfilment of promises made between citizens, governments and societies and complementarity of partnerships and knowledge exchange.

All this can be done and must be done for our adolescents!

References

1. UNDP Human development Reports and data by country profile <http://hdr.undp.org/en/content/human-development-index-hdi>
2. WHO Universal Health Coverage https://www.who.int/healthsystems/universal_health_coverage/en/
3. UNICEF Maternal mortality between 200-2017 <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
4. Bulletin WHO: Country-specific data on the contraceptive needs of adolescent <http://www.who.int/bulletin/volumes/95/3/16-189829/en/>
5. Wong, Vincent J; Murray, Kate R; Phelps, B. Ryan; Vermund, Sten H.; McCarraher, Donna R. Adolescents, young people, and the 90–90–90 goals: a call to improve HIV testing and linkage to treatment AIDS: 1 July 2017 - Volume 31 - Issue - p S191–S194 doi: 10.1097/QAD.0000000000001539 <https://www.au.int/web/agenda2063/about>
6. WHO Journal Paper FGM and Obstetric outcome: WHO Collaborative study in six African Countries *The Lancet* 2006; 367:1835–1841.
7. WHO releases new fact sheets on adolescent contraceptive use- <http://www.who.int/reproductivehealth/topics/adolescence/contraceptive-use/en/>
8. Andrew Mason, Ronald Lee, Jennifer Xue Jiang Demographic Dividends, Human Capital, and Saving doi: 10.1016/j.jeoa.2016.02.004
9. African population 2019 (demographics, maps and graphs) <http://worldpopulationreview.com/continents/africa-population/>
10. Patton, GC; Olsson, CA; Skirbekk, V; Saffery, R; Wlodek, ME; Azzopardi, PS; Stonawski, M; Rasmussen, B; Spry, E; Francis, K; +10 more... (2018) Adolescence and the next generation. *Nature*, 554 (7693). pp. 458-466. ISSN 0028-0836 DOI: <https://doi.org/10.1038/nature25759>
11. UNFPA Demographic dividends <https://www.unfpa.org/demographic-dividend>
12. PESTELE analysis framework <https://www.cipd.co.uk/knowledge/strategy/organisational-development/pestle-analysis-factsheet>