

ADOLESCENT HEALTH AND WELLBEING

YOGAN PILLAY

29 SEPTEMBER 2016

How many young people in SA?

- South Africa's population is largely made up of young people; those who are below the age of 35 years constitute about 66% per cent of the total population. With over 54 million South Africans, 18.5 per cent are between the ages 10-19; and 24 per cent are aged 15-24 (StatSA, Mid-year population estimate)

STATSSA: State of youth health

- “Youth in South Africa contribute around 36% to the total population. The country is, however, in the midst of challenging times. Over the last decade, young persons between the ages of 15–34 made up approximately 70% of total unemployment. Additionally, the NEET (Not in Employment, Education or Training) rate for youth has also remained at around 30% since 2012, with the highest rate recorded at 33,5% in 2013.

Contd

- The challenges that are facing the South African youth as mentioned above could lead to far-reaching, over-arching socio-economic consequences for young people; putting them at a higher risk of falling into poverty, criminal behaviour, ill health and drug use (Barron, 2014; Hammarstrom, 1994)
- Unless ameliorated through effective policy implementation, the current youth situation may lead to long-term detrimental impacts on the general economic, social and physiological well-being amongst our young members of society”.

Table 7.3b: Most common broad underlying causes of death by sex and age group, 2013

2013	Age groups							
	Males				Females			
	0-14	15-34	35-64	65+	0-14	15-34	35-64	65+
	Per cent							
Certain infectious and parasitic diseases	16,1	27,4	29,2	8,9	17,1	44,8	28,3	7,3
External causes of morbidity and mortality	8,8	43,2	11,4	3,8	7,0	10,4	4,4	2,5
Symptoms and signs not elsewhere classified	10,8	8,2	11,3	14,2	11,8	10,6	10,9	16,9
Diseases of the respiratory system	9,2	5,5	10,9	13,5	10,2	9,2	9,4	10,0
Diseases of the circulatory system	1,2	3,3	13,4	27,6	1,5	4,7	15,5	33,1
Diseases of the blood and immune mechanism	0,8	2,5	2,8	0,7	1,0	5,3	3,5	0,7
Neoplasms	0,8	2,0	8,0	14,1	0,8	3,4	11,6	10,0

Source: Causes of death, 2013

Figure 7.3b: Top eight causes of death for youth, 2013

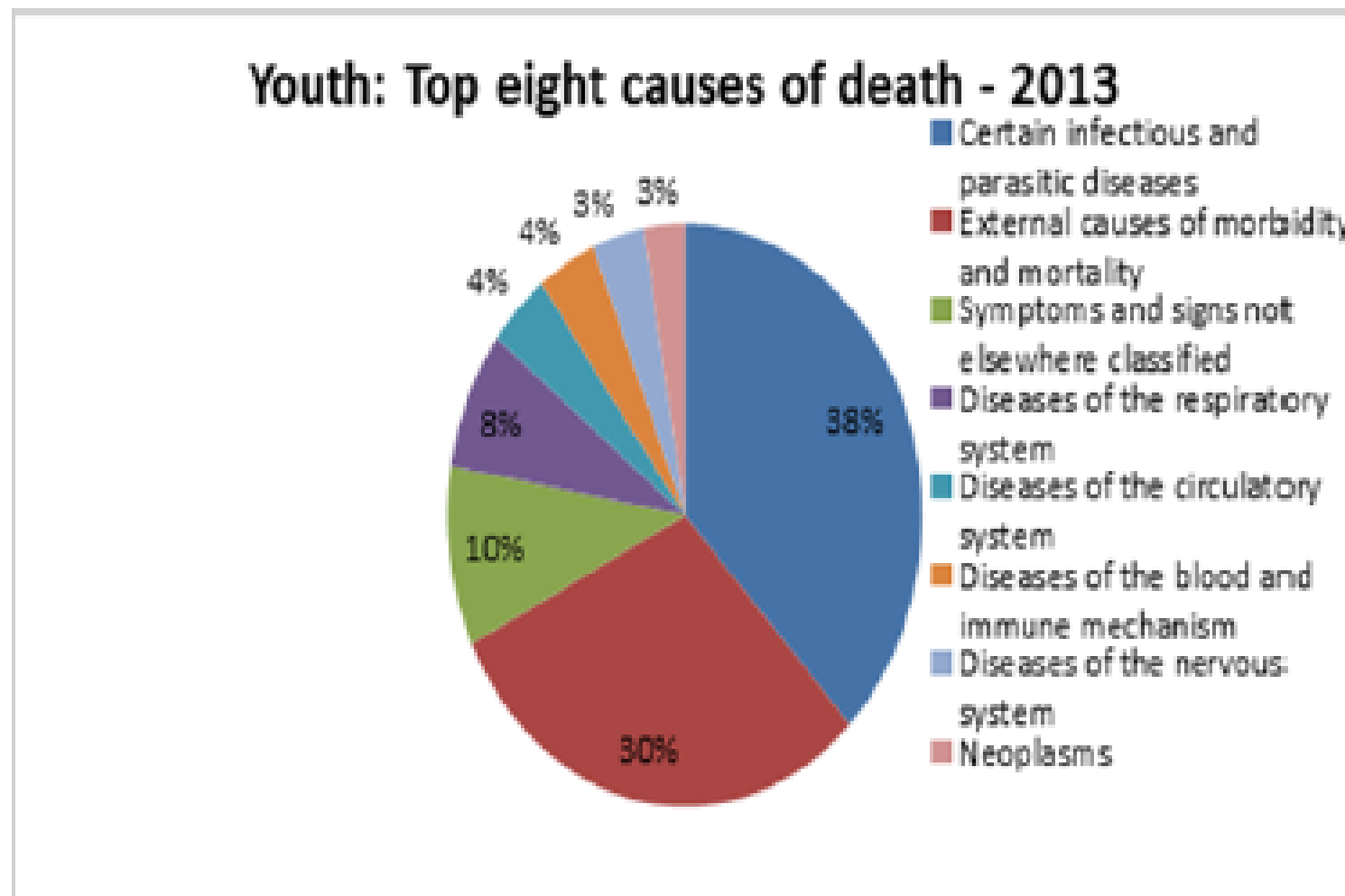


Table 7.5: Certain infectious and parasitic diseases (youth 15–34) by sex, 2008 and 2013

	2008		2013	
	Male	Female	Male	Female
Certain infectious and parasitic diseases	Per cent			
Intestinal infectious diseases	13,9	17,7	6,6	7,9
Tuberculosis	57,3	49,7	43,1	37,4
Other bacterial diseases	2,2	2,2	2,4	2,5
Infections with a predominantly sexual mode of transmission	0,0	0,1	0,1	0,0
Viral infections of the central nervous system	0,2	0,2	0,2	0,1
Viral infections characterized by skin and mucous membrane lesions	0,3	0,4	0,2	0,2
Viral hepatitis	0,3	0,2	0,4	0,3
Human immunodeficiency virus [HIV] disease	11,6	12,6	28,2	29,0
Other viral diseases	8,2	10,3	14,2	17,3
Mycoses	2,9	2,8	1,3	1,1
Protozoal diseases	2,8	3,6	2,7	3,8
Helminthiases	0,1	0,1	0,2	0,0
Sequelae of infectious and parasitic diseases	0,2	0,3	0,4	0,2
Other infectious diseases	0,1	0,1	0,1	0,1
Total (Per cent)	100	100	100	100
Total N'(000)	18 548	29 503	11 448	15 960

Source: Causes of death, 2008; 2013

Table 7.7: External causes of morbidity and mortality, 2008 and 2013

	2008		2013	
	Male	Female	Male	Female
External causes of mortality & morbidity	Per cent			
Transport accidents	9,7	13,5	10,7	15,2
Other external causes of accidental injury	59,8	61,7	53,0	51,9
Intentional self-harm	0,9	1,3	1,6	1,7
Assault	16,1	8,4	17,4	8,6
Event of undetermined intent	13,1	13,3	16,7	19,2
Complications of medical and surgical care	0,3	1,9	0,6	3,3
Sequelae of external causes of morbidity and mortality	0,1	0,1	0,0	0,1
Total (Per cent)	100,0	100,0	100,0	100,0
Total N('000)	20 939	4 278	18 048	3 708

Source: Causes of death, 2008; 2013

South Africa and adolescents

- Many myths about adolescents globally and in South Africa
 - They are healthy and don't need health services
 - Only need access to contraceptives (not SRH!)

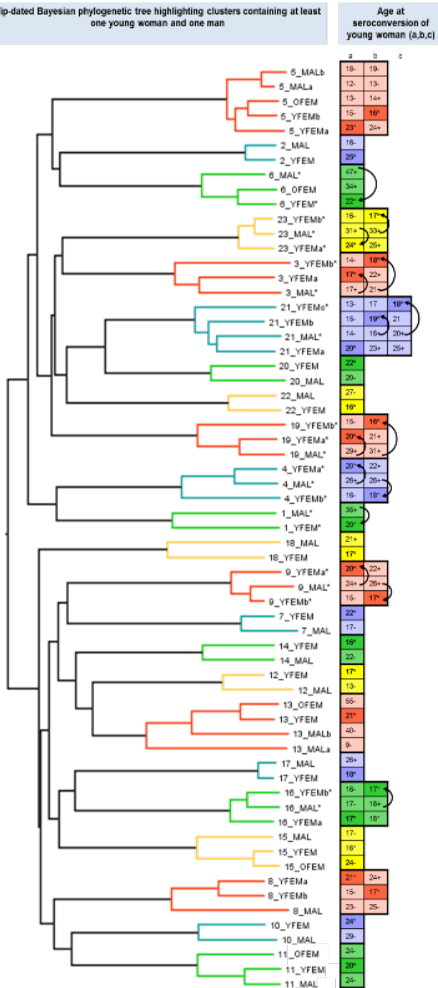
'She Conquers' Campaign: empowering adolescent girls young women (15-24)

- All of Society, All of Government
- 5 objectives
 - Decrease HIV infections
 - Decrease teen pregnancies
 - Keep girls in school
 - Reduce sexual and gender based violence
 - Provide economic opportunities for the youth

Who is infecting who?

Africa Centre identified phylogenetically linked HIV transmission networks in Hlabisa

Tip-dated Bayesian phylogenetic tree highlighting clusters containing at least one young woman and one man



High HIV incidence men
mean age 27 years (range 23-35 years)



Very young women acquire HIV from men, on average, 8 years older



Men and women > 24 years usually acquire HIV from similarly aged partners



High HIV risk women
Mean age 18 years
(range 16-23 years)

High HIV prevalence women
Mean age 26 years
(range 24-29 years)

When teen women reach mid-20s they continue the cycle

NDOH Youth Health Policy

- 1. Use innovative, youth-oriented programmes and technologies to promote the mental health and wellbeing of adolescents and youth
- 2. Provide comprehensive, integrated sexual and reproductive health services
- 3. Test and treat for HIV/AIDS and TB

- 4. Reduce substance abuse and violence
- 5. Promote healthy nutrition and reduce obesity
- 6. Empower adolescents and youth to engage with policy and programming on youth health

1. Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth

- 1. Pre and in-service training of healthcare workers in order to provide and promote Adolescent and Youth Friendly Services**
- 2. AYFS should be incorporated in the training curriculum for healthcare workers**
- 3. Provision of package of services to adolescents and youth by AYFS trained healthcare workers**
- 4. Scale up the use of IT platforms such as B-Wise for information, education and support to the adolescents and youth**
- 5. Referral to appropriate providers for social assistance**
- 6. Review school based programmes to actively promote health through evidence based programming**

2. Comprehensive, integrated sexual reproductive health and rights services.

- SRH services are traditionally focused on women of reproductive age.**
- Comprehensive SRH services must be tailored to the needs of adolescents and youth, based on the specific challenges that they face**
- Counselling young men about methods of birth control, may empower them to become actively involved in contraceptive decisions within a relationship if they do not desire fatherhood**

- **Implement single service point of delivery models for the integration of HIV and SRH services**
- **Clinic spaces must aim to meet the requirements of adolescents and youth. Privacy/confidentiality and non-judgemental**
- **Clinic operating hours should accommodate adolescents and youth**
- **Strengthen awareness of the importance of dual protection**
- **Support DBE and DSD interventions such as school meals & social grants**

3. Prevent, test and treat for HIV/AIDS, TB and NCDs

- There is high number of HIV-positive adolescents in South Africa**
- HIV/AIDS and TB counselling, testing and treatment must be supplemented by better integration and patient support**
- Comprehensive adolescent-friendly services should offer career advice, fertility and contraception counselling, healthy life style, mental health and substance abuse services**

- **Expand HIV and TB prevention and treatment to 10-24 year old**
- **Follow the latest DoH guidelines on HIV testing (Blue print For Action)**
- **Improve transition from paediatric to adolescents and youth to adult care and down referral processes for HIV-positive**
- **Reduce drop outs by counselling and support between testing positive, eligibility and initiation**
- **Improve adherence to chronic medication including ART and TB medicines through outreach services and parent support**

4. Prevent violence and substance abuse

- Abuse of drugs and alcohol is increasing among adolescents and youth**
- Alcohol abuse is linked to high levels of violence and motor vehicle accidents**
- Preventing violence and abuse is a shared responsibility of all government sectors**
- Interventions to detect, treat and reduce violence and substance abuse must be rooted in families, schools and communities.**

- **School-based interventions focus on providing information to learners and refer whenever the need arises**
- **DoH will support partners who work with parenting support programmes to reduce aggression and substance use among adolescents and youth**
- **Provision of post-violence treatment including post exposure prophylaxis to rape survivors**

5. Promote healthy nutrition and reduce obesity

- The 2008 Youth Risk Behaviour Survey reported that only 41.5% of learners participate in sufficient physical activity.**
- Multisectoral intervention is required across government departments to address the risk factors of poor nutrition and obesity**

- **Include nutrition and wellness components in Life Skills and Life Orientation curricula in schools**
- **Work with DSD, DBE, Sports and Recreation and Community-Based Organisations to promote adolescents and youth engaging in physical activity**

- 6. Empower adolescents and youth to engage with policy and programming and be responsible for their health and wellbeing-
Leave no one behind including adolescents and youth with Disability**
- It is important that adolescents and youth be part of the development, implementation and oversight monitoring of this policy.**

- **Adolescents and youth involvement at local, district and provincial level**
- **Adolescents and youth to be in every clinic and hospital committee & District AIDS Councils**
- **Adolescents and youth involvement at National DoH level: including a National Adolescent and Youth Advisory Panel**