Youth and their Well-Being: Health

Regional Meeting on Youth Development in Africa:
June 2006

United Nations Conference Centre
Addis Ababa

Richard Mabala,
Youth Protection and HIV/AIDS
UNICEF, Ethiopia
Focus of the presentation

- Alma Ata definition of health: health is too big an issue for health professionals

- HIV/AIDS: proof of the Alma Ata definition and a metaphor of our condition

- Risk and vulnerability: it’s so much easier to blame the victim

- Adolescents and youth: disaggregation not segregation: how at all levels

- Adolescents and young people: infected, affected, disaffected and effective
A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

In other words, addressing the underlying and basic causes: human rights based approach to health...
Demography and health

Demography: More than 50% of Africans are below the age of 19. At least 25% are adolescents.
What percentage of resources are allocated to this population segment? - even in relation to the health of adolescents and young people.

Neglect ➔ epidemics

- Sexual abuse
- Emigration and urban migration
- Substance abuse
- Child soldiers,
- Political violence

The biggest epidemic is the loss of hope.
HIV/AIDS
Why oh why oh why?

HIV/AIDS shows up global inequalities ... HIV/AIDS is but a symptom of the way in which we organise our social and economic relations. Concern with clinical-medical issues and with individual behaviour change to the almost total exclusion of the structural and distributional factors which result in those behaviours has had serious implications.

- Inequity
- Lack of social cohesion
Infected

- Young people 60% of new infections
- Girls 3-4 times more infected than boys
- Therefore 40-48% of new infections are among girls and young women aged 15-24
- For Africans ages 15-24 living with HIV/AIDS, women account for 76% of all infections (Dr Akukwe)

For example, in young pregnant women in capital city (aged 15-24)
Botswana: 32% (2003), Lesotho 27.8% (2003), Swaziland 39% (2002), South Africa 24% (2002), Zambia 22% (2002), Malawi 18% (2003) etc
Problem statements

1. At the age of 12, except for those infected through PTCT, almost no adolescents are HIV+. 6 years later, 10-20% are infected

2. Girls are 3-4 times more infected although boys of the same age are equally sexually active

3. Adolescents, especially urban adolescents are:
   - The most knowledgeable about HIV and AIDS
   - The most targeted by interventions on HIV and AIDS
   - The most infected by HIV and AIDS

4. For cholera, emergency = 1, for polio … for measles … for HIV …

5. Where do you target?
HIV/AIDS:
Telling the truth for a change

a) Possibilities of infection: Why are the more sexually active less infected?

b) We have spent 24 years blaming the victims – we stigmatise by the very prevention messages that we give, ABC then A is better than C, then A v C. Why are those in power so determined that we do not look at the real reasons for an epidemic?

c) BCC is such a dominant paradigm to the point where the victims use the same messages against themselves
Vulnerability to ... and vulnerability from ...

Vulnerability ↔ HIV/AIDS
'The terrain is everything, the microbe is nothing'

Poverty (poverties) + inequity + lack of social cohesion

Why do we only address vulnerability after the event (and even then in terms of impact mitigation, not in terms of structural change)?

Education: Although education, especially secondary education is a strong protective factor, 45% of women aged 15 and above in Sub-Saharan Africa are illiterate. While 94% of boys are enrolled in primary schools only 81% of girls are in school. What percentage of adolescents are in school?

Reproductive health: more than 50% of young women have their first child before the age of 19 (maternal mortality, fistula etc.)
## Vulnerability

(% of unmarried adolescents 12-14 living in households without either parent) (Population Council)

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls (in urban areas)</th>
<th>Boys (everywhere)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>42</td>
<td>19</td>
</tr>
<tr>
<td>Ghana</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Namibia</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Uganda</td>
<td>43</td>
<td>27</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>30+ (in 2 poor areas in Addis 51% - (12% domestic workers, 18.6% threat of marriage)</td>
<td>29</td>
</tr>
<tr>
<td>Malawi</td>
<td>38</td>
<td>-</td>
</tr>
</tbody>
</table>
Abuse and harassment

40% Kenyan girls (aged 12-24) say first sexual encounter was forced
South African study (2001) 39% of sexually experienced girls reported that they had been forced to participate in sex. Social workers in Barberton said that there are at least 100 cases of child sexual abuse reported each month in a population of 40-45,000
The ‘safest spaces’ are often the most unsafe. Girls Forum in Ethiopia, day secondary schools etc.
Whiteside ‘for many South African girls violence and abuse are an inevitable part of the school environment’ and large numbers

30% more likelihood of being affected …

And yet there often seems to be more concern for the abuser, then the parents of the abused family, then, maybe the abused
Child Labour

One ILO survey estimates that in SSA, 29% of children below the age of 15 are economically active (the highest rate in the world)

Tanzania Labour Force Survey (2000), 80% of domestic workers below the age of 18

Recent Population Council research in Addis, domestic workers were 12% of adolescents aged 10-14

Workers on plantations (ILO survey 17,000 girls contractually employed on plantations in Kenya – many after having to give sexual favours. Many more do not work under contract so are even more vulnerable) cf Tanzania – new meat!!

In Egypt half of boys and one sixth of girls work in an income generating activity. More than half of these are under the age of 15
Adolescent Marriage

38% of young women currently aged 20-24 in 50 least developed countries were married before age 18 (DHS surveys) - slowly declining trend
Best example of intergenerational sex
Social isolation of girls and no access to programmes for young people, no peer networks, restricted social mobility and access to education and media
Can they ABC? (unprotected and more frequent sex, pressure to become pregnant)
Higher HIV prevalence
- In Amhara more than 90% of the girls had their first sexual experience inside marriage but it has one of the highest rates of HIV
- Kisumu: Married 32.9%, unmarried 22.3:
- Ndola: married 27.3%, unmarried 16.5%
Adolescent divorce: Ethiopia: 8% of rural girls aged 15-19 are already separated, divorced or widowed
Example

Children and Young People in Lesotho

Young people constitute 61% of the population is young people

**Teenage Pregnancy:**
52% of first attendants to ANC are teenagers

**Sexual Abuse:**
50% of raped cases are teenagers

**Employment rate:**
48% of 20-24 yrs are unemployed

**Child labour:**
29% of children 5-17 yrs involved in work activity

**HIV/AIDS Prevalence Rate 15-24:**
Females - 51%; Males - 23%

Virus, host, environment
Worms (helminths): makes people more likely to be infected
Bilharzia especially genital schistosomiasis: genital lesions: Lake Victoria and Lake Tana. Species most common is most common in SSA.
Malaria: increases anaemia, especially in pregnancy, affects nutritional status, stimulates HIV replication ➔ more likely to infect …
Malnutrition: compromises immune system at cellular level: adolescent malnutrition
Unsafe hospitals (we only talk about razor blades and ear piercing)
T.B.
STIs
Risky behaviours

It is clear from the data we have about schistosomiasis and other parasites that one of the riskiest activities in Africa is to be a little girl or boy who gathers water for the family in a slow-moving stream, or helps with the family laundry at creek side or bathes or plays in fresh water. When he or she grows up, that child will have a much higher risk of sexual transmission or acquisition of HIV because of schistosome infection than a healthy person with similar sexual behaviour.

Adolescent girls and young women????????
In 11 countries in sub-Saharan Africa, more than 15% of all children were orphans in 2003.

Source: UNICEF/UNAIDS/USAID Children on the Brink 2004
Current methodologies and disaffection

Behaviour change methodology
- Billboards, soap operas, brochures – superficial information + messages, what not why
- Who messages whom? Our language betrays us – targets
- What behaviour change? ABC
  SG’s report on women, girls and HIV/AIDS in Southern Africa: for most women ABC is often not an option
  - gender biased and stigmatising
  - Directed at the disempowered (bar workers not bar owners)
  - Just say no!!
  - Condoms once a week/month. 14% access to STI services
  - How many youth friendly health services?
The prevention gap

Reduce by 2005 HIV prevalence among young men and women aged 15-24 in the most affected countries by 25% and by 25% globally by 2010
90% access to knowledge and life skills

In Sub-Saharan Africa
- Only 8% of out of school youth and a little more than one third of in school youth have access to prevention programmes. Fewer than one in 12 sex workers and their clients have access.
- Only 43% of people at risk are reached by mass media awareness programmes
- Only 1% of women in need have access to PMTCT (mainly young women)
- Only 14% of people in need of STD services can obtain them
- Only 6% of people who want VCT have access to it.
- Only 20% of medical injections are safe
- Current donor programmes sufficient for 3 condoms per adult male per year. 1.9 billion condoms needed annually. Fewer than one in three people at risk have access to condom programmes
- (Global HIV Prevention Working Group: May 2003)

- What would happen if BCC really worked and everyone did as we told them to do?
Who are we reaching?

Youth centres and peer education

<table>
<thead>
<tr>
<th></th>
<th>All ados</th>
<th>All boys</th>
<th>All girls</th>
<th>Boys 10-14</th>
<th>Boys 15-19</th>
<th>Girls 10-14</th>
<th>Girls 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth centre</td>
<td>11.9</td>
<td>20.3</td>
<td>7.2</td>
<td>10.5</td>
<td>27.2</td>
<td>3.9</td>
<td>9.0</td>
</tr>
<tr>
<td>Peer education</td>
<td>19.6</td>
<td>26.5</td>
<td>15.1</td>
<td>18.3</td>
<td>32.3</td>
<td>12.7</td>
<td>16.5</td>
</tr>
</tbody>
</table>

Domestic workers: 1% youth centre, 6% peer education
In relation to young people in situations of war and conflict, the Women’s Commission for Refugee Women and Children had this to say:

The costs of not focusing on adolescents are enormous: massive rights violations committed against adolescents, with long term consequences for them and their communities as they attempt to endure and recover from an armed conflict.
Perhaps, worst of all, adolescents’ strengths and potential as constructive contributors to their societies go largely unrecognized and unsupported by the international community, while those who seek to do them harm, such as by recruiting them into military service or involving them in criminal activities, recognise and utilise their capabilities very well.
Key elements of effectiveness
Participation

Youth initiated, shared decisions with adults
- Youth initiated and directed
  • Adult initiated, shared decisions with youth
    - Consulted and informed
      » Assigned but informed

X Tokenism
X Decoration
X Manipulation
Participation as process and participation as event

As important as special projects and events can be, participation in them will be less effective and less sustainable if there is no scope for meaningful participation in day to day living. An over focus on more visible and shorter term forms of participation can run the risk of neglecting the main aspects of adolescent life (Rajani)

- Who participates in international meetings? How representative are they?

- Students are more organised, visible and vocal. How do they ensure that other young people are part of the process.
Principles of participation

Inclusion

- Participation in schools – how many are not in school anyway
- Participation in youth centres and peer education (where are the girls? Population Council –

  Youth centres: Boys 20.3% participation, girls 7.2%
  Peer education: Boys: 26.5%, girls 15.1%
  Domestic workers: 1% youth centre, 6% peer education

- Participation in health centres, local councils, village governments etc.
- Who participates? Genderation, vulnerability etc.
- If we don’t pay attention to the principle of inclusion:

  We run the risk that initiatives we promote and support may be skewed in favour of the articulate, the organised and easy to reach, thereby serving to perpetuate rather than to reduce inequity
Inclusion (con)

Easier at community and sub-community level or at level of educational institution. Of course educational institutions are a bit different but how do they interact with other youth organisations? How are youth organisations set up? Who decides? Who become the leaders? What is the process for changing leadership? How do organisations encourage participation in the school or community? What efforts are made to ensure that all are included e.g. girls, younger adolescents, orphans, child labourers, adolescent wives, adolescents living with HIV/AIDS etc. At higher levels how do you ensure inclusiveness?
Representation

How do we ensure that those who participate represent those who do not?

- Selection of representatives
- Preparation and collective priority setting
- Feedback and accountability
- Regular and transparent elections
So what is to be done?
Areas of participation – institutional

- Families
- Schools
- Issue clubs
- Sports
- Community meetings
- Planning processes
- Media
- Political processes
- International forums
Participation and protection

• Participation ➔ capacity development. The practice of participation develops personal skills that enable adolescents to protect themselves in risky situations:
• Participation ➔ solidarity. Participation empowers the vulnerable to act together in their own cause
• Joint participation leads to stronger and more meaningful personal relationships
• Research shows that isolation leads to greater abuse – inclusion and participation reduce isolation
• Participation enables the presentation of a different point of view – very often the point of view of the vulnerable and makes it possible for different views to be heard as well as the reality to be exposed (eg on issues of abuse)
Participation as protection (con)

- When adolescents and young people are given the chance to participate, they become the protectors of their younger siblings.
- Umbrella organisations for young people enable others to take up the cause of those who have been silenced (because distant, marginalised etc).
- Participation in the media enables hidden issues to be brought to the fore and discussed – interactive media.
- Youth organisations provide safe spaces (c.f. Zimbabwe).
- Participation in political and civic processes: eg local councils, village governments etc. present the views that would not be heard, and put protection issues on the table. (brazil, ethiopia, kenya)
Key elements of effectiveness
Capacity Development

Not just training – sensitisation

Elements of capacity:

Resources – human, financial, organisational
Authority (space and voice)
Responsibility
Communication – who holds the microphone?

How can all these elements be developed?
Life skills – a key element of participation and capacity development

WHO definition

Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life

Life skills are not:

• Another name for HIV/AIDS education
• Another name for sex education, abstinence education or condom education
• Livelihood skills
• Another set of messages
Youth at the centre

- Basis of comprehensive approach should be on the broadest based affected group – young people.
- If you want it, budget. What % of national resources do 25% of the population receive? PRSP (mambo yote kwa vijana) The same applies to advocacy with the private sector
- Visibility. Youth belong to the ministries with the longest name and the shortest budget
- Identify the place of youth in every issue (cf gender)
- Recognise the diversity of young people ➔ Age disaggregation – leaders, programmes, budgetting, capacity development (arbitrariness of the cut off point at age 15)
Youth at every step

• Assessing the situation – young people as researchers (and who chooses the researchers?) Feedback to community
• Space and voice
• Capacity development (who chooses the people to be trained?) and support
• Networking among the groups and choice of leaders.
• Holistic response to the rights and needs of young people
• Mechanisms to ensure broad participation
• National support
Youth adult partnership

The more the community accepts the participation, the more there will be a youth adult partnership for the benefit of the community as a whole, and communities will realise and accept. From my experience, communities have no problem with this, it is the officials who have problems only.

Youth advisory boards to MPs, government offices, NGOs, UN etc.
Youth facilitation committees to implement on behalf of the community
Address the basic causes

**Globalisation**
How do we make our leaders accountable - not just for their behaviour in front of us (corruption, conspicuous gluttony) but also in standing up to global blackmail

**Living conditions and health**
Slum clearance as AIDS strategy (Kenyan youth delegation to the Great Lakes Conference)
Livelihoods

Youth unemployment (from micro micro credit schemes: a well funded youth livelihoods programme based on the empowerment model)

See livelihoods in new light - care for PLHAs, teach, youth community centre, pay for organise sporting events, nursery school, cultural centres, internet café, photography etc. Life skills and livelihoods

Grameen bank for youth - or rather a bank which youth would conceptualise

SKI concentrated on health for many years and gradually came to realise that the mental and physical health of street kids is inextricably tied to the choices they make regarding their livelihoods.
Basic causes (con)

• Curriculum. How many countries have a proper, visible, developed life skills curriculum?
• Communication: Where are young people and vulnerable young people in the media etc.
• Safe spaces instead of safe behaviour;
• Work place interventions: e.g. border crossings
The time has come to put young people firmly at the centre of the response to HIV and AIDS. This can only happen when young people are at the centre of decision making bodies:
Create African network of young people in ECA fed by national networks on issues of young people and HIV and AIDS supported by adult allies. At national level, there should be youth committees chosen by youth organisations to work with National AIDS Councils. These should be separate from National Youth Councils which normally have different agendas.

In order to ensure that all young people are able to participate fully, the current broad category of ‘youth’ should be disaggregated to accommodate the younger age groups (e.g. 10-14, 15-19, 20-24, 25+) Each sub-group would have its own structures, programmes, leadership but the leaders of each group would participate in the broad ‘youth forum’.
Youngism (generation)

The time has come to use the same methodologies used by gender activists for young people. This requires:

- Revisiting policies and laws from a specific youth perspective to ensure that the rights and needs of young people are adequately addressed in all areas
- Specific support to livelihoods for young people, including a large scale, resourced, youth employment policy
- The recommendations from this should be costed and then resourced to youth organisations and other organisations working with young people
- The economic and property rights of young people should be enforced.
HIV Protection

• Excessive emphasis has been placed on ‘prevention messages’ targeted at young people. Most political and other leaders think their contribution to the struggle against HIV and AIDS is to lecture young people on how to behave instead of ensuring a protective and supportive environment for young people.

• Educate political and other leaders to take a broader view of the HIV and AIDS crisis, and their responsibility in nurturing a safe and protective environment which reduces transmission.

• Take clear and strong steps against sexual harassment, abuse and exploitation, especially in institutional settings (e.g. school, offices etc.)

• Facilitate the provision of adequate resources to orphans and other vulnerable children to ensure they access their rights like other children.
Education

• It is unacceptable that, more than 20 years after the epidemic took hold, young people still do not have access to the information and skills they require. An emergency facing young people is being treated as ‘business as usual’

• Progressively integrate sex education into the curriculum with a life skills approach and taking into account the economic and social context e.g. no simplistic messages but provision of detailed information, and participatory learning based on the realities facing the young people)

• This requires proper training of teachers, life skills facilitators, peer educators etc. It requires adequate resources to enable rapid development of materials. This should not be difficult given the numerous programmes that do exist. What is required is political (and educational will) to prioritise such a programme.
Life skills should be integrated into all programmes for young people (livelihood, sports, religious, arts, peace). It should be stressed also that life skills is not another word for HIV and AIDS messages, but training in the skills required to protect themselves from HIV and AIDS, as well as other social pressures such as alcohol and substance abuse, sexual abuse and exploitation and the more positive aspects of entrepreneurship and democratic participation in their societies.

Reinforce the prevention projects in low prevalence countries

In communicating with young people, use new and youth friendly technologies such as internet, text messaging, television. This includes training young people to develop their own programmes using these technologies.
Access to services

- Very few young people can access the health services they require, and where they can, they do not wish to given the unfriendliness of the services themselves.
- Facilitate access to health services (VCT, SRH services) in places/structures which do not stigmatise them – preferably in multi-purpose centres.
Support to youth organisations

Youth organisations are usually full of creativity and commitment (and often expertise as well). However, capacity development of these organisations is essential to enable them to carry out what their goals.

Equip members of the organisations with the knowledge and skills they require to be more effective in areas of HIV and AIDS, life skills and development in general.

Support organisational development of the most effective youth organisations to enable them to provide support to broader networks of small youth organisations.
Livelihoods

Provide direct livelihood support to youth organisations (training in entrepreneurship and ‘starter packs’ – if it can be done with farmers in Malawi it can be done with young people

More research into how and why AIDS affects young people should be carried out, by young people themselves, with support from adult allies. This research should be age and gender disaggregated (both in objective and process)
Socialisation of children and young people

- On the one hand, families need to be strengthened, empowered and held accountable to fulfil their obligations to their children. On the other hand, this should not take place in the context of reinforcing practices that militate against women and young people.
- Promote participatory national debates on the role of the family and young people in the family, including gender roles and responsibilities.
- Reexamine practices which are seen to militate against women/girls or young people in the context of evolving culture. This should include a reevaluation of ‘masculinity’ in the same way that ‘femininity’ has been reevaluated over the last decades.
Sum up

• What are young people?
  – Infected
  – Affected
  – Disaffected
  – Effective

• Participation and empowerment
• Activism for change
• Youth-less is use-less