

## **Non-Communicable Diseases in Africa Conference**


### ***Social Science and Health***

**Monday 27th - Friday 31st March**

# **Adolescents and young people's health and NCDs**

## ***The role of health care system***

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## The presentation

- Reflection on adolescents and young people - a life course approach
- Lessons from a **National Secondary-school health scheme in Kenya – the EduAfya**
- Raise questions for AYP health services provision in SSA

# Introduction

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- Adolescent stage characterised by storm and stress
- Potential for healthy transition – if programmes and services availed
- NCDs among adolescents and young people a major concern - low physical activity, high sedentary behaviour, drug abuse and substance use
- Do not do not occur in isolation – need to focus on multiple behaviours
- WHO – UHC cannot be achieved without the inclusion of adolescents' health

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## Life course approach (LCA) & AYP

- The **LCA** considers health as an - **evolving capacity that develops dynamically over time and across generations.**
- A person's **physical and mental health and wellbeing** are influenced throughout life by the wider determinants of health – [social, economic and environmental, alongside behavioural risk factors]
- **Modifiable aspects** - policies, environments, and societal norms, inequalities affecting the life course trajectory

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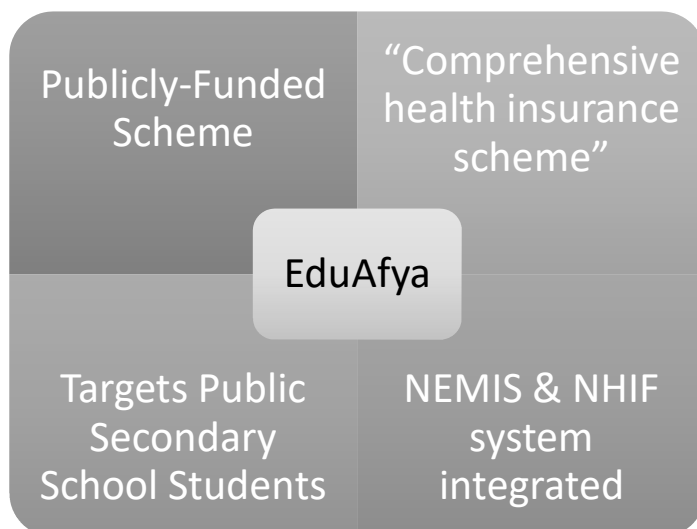
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<b>The Life course approach - Life stages</b> <i>Socio-cultural, economic &amp; other circumstances</i>				
	 	 	  	 shutterstock.com - 558114283
Preconception  3/27/2023	Infancy and early years (0 to 5)	<b>Childhood, adolescence and youth (5 to 19/24)</b> A Kamau	Working age and adults (16 to 60/64)	Older people (65+)  5

The Life course, NCDs & the health care system				
Preconception	Infancy and early years (0 to 5)	Childhood, adolescence and youth (5 to 19/24)	Working age and adults (16 to 60/64)	Older people (65+)
<ul style="list-style-type: none"> <li>• Contraception</li> <li>• Maternal health &amp; nutrition</li> <li>• Ante-natal, delivery, and post-natal</li> </ul>	<ul style="list-style-type: none"> <li>• Infant feeding &amp; health</li> <li>• Growth progression</li> </ul>	<ul style="list-style-type: none"> <li>• Safe transition into adulthood</li> <li>• Mental health &amp; psychosocial issues – identity, peer influence</li> <li>• Intended &amp; unintended injuries/accidents</li> <li>• Drug &amp; substance use &amp; abuse</li> </ul>	.....	.....
Targeted & responsive health services?				
<b>Yes</b> (preventive & promotive)	<b>Yes</b> (curative & promotive)	<b>Yes/No</b> (isolated or HFA)	<b>Yes</b> (HFA - curative & promotive)	
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## EduAfya - public secondary schools health scheme



**Mere rhetoric?**  
adolescent and  
youth friendly  
services - including  
SRHS

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### Data collection (2020)

**Desk study** [*Literature review* - including review of NHIF, MoH, MoE documents]

AYP health

Health services and programmes for AY including SRH

**Survey** [*face-to-face & telephone interviews*] – **Covid-19 limitations**

**2 counties** [5 sub-counties]

**18 health service providers/KIIs**- EduAfya scheme manager; med superintendents, health facilities-in-charge, health workers; NHIF officers (facility-based); sub-county NHIF officers; County NHIF branch managers

**69 schools** [**42 Kiambu, 27 Muranga**] (day-mixed 81%; boarding 29%)

**89 school representatives' interviews** (including 64 school heads and 25 staff in charge of students' issues)

**4 FGDs** [2 per county]

Boys and girls from selected schools (*form 2 – 4*)

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## Information obtained

**Awareness about EduAfya scheme** and health care services under the scheme

**Roll-out & inclusion in EduAfya scheme of adolescents specific-health issues incl. SRHS and exclusions**

**Procedure(s)** for students access to health care services under the EduAfya scheme

**Perspectives and experiences on EduAfya scheme services, response to ASRH needs & suggestions on services inclusion and improvement**

**Innovative EduAfya scheme implementation approaches in schools & health facilities**

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## Findings

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**Adolescents  
(students)  
perspectives on  
Edu-Afya**

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- **Enhanced privacy and interaction with HCPs**
- **Still - health workers characteristics determine use of services use**
  - girls' preference for young male doctors - understand them better
  - friendly hcps enable adolescents to freely express their health issues
- **Fear related to services provision and processes**
  - Service providers being judgemental, assumptions
  - Gatekeeping by schools/teachers, control

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**High awareness of  
the scheme  
But  
inadequate or  
conflicting  
information**

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**Critical information about the scheme and services not shared with the health providers**

- target beneficiaries and enrollment to the scheme
- benefits package & services provided/to provide
- health facilities procedures to access services

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**Limited-to-no involvement of key stakeholders** in programme design and roll-out schools, health facilities, AYP representatives

- **Information asymmetry** issues – between schools and health providers
- **Gatekeeping** resulting in confidentiality and privacy concerns – schools, health facility setting
- **Gender-age specific needs** of AYP health not addressed [non-responsive scheme] – modelled around curative services

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## What about ASRHS?



### **Preventive and psychosocial services not included in the EduAfya package**

ASRHS excluded from EduAfya – except male circumcision!

Some termed ASRH merely as **‘talks’**, **‘unnecessary’** and **‘waste of resources’**



### **Supply-side challenges**


Health facilities **lack systems** to effectively address AYSRHR issues

Adolescents' health services use **data capture** and **disaggregation** lacking (*e.g., age, gender, type of service*)

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students (AYP) not involved in the scheme or creation of awareness about the scheme and services

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**The owners of the body are not involved**

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## Critical questions for health care system

- **How are adolescents captured in the health care system?**
  - As unique individuals with unique needs?
  - Or as accompanied users - parents/relatives, teachers/guardians, friends/peers)

## Critical questions for health care system

- **How do AYP interact with the health care system?**
  - What services are provided for AYP, or these seen as mere talks?
  - What about gate keeping and freedom of interaction with health care providers?
  - With what outcomes - AYP telling health services providers what they think their parents/teachers want to hear?

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## Critical questions for health care system

- **What is the AYP space, planning and financing within the health care system?**
  - Specific AYPs service points or is this seen as a waste of resources
  - Within the general framework of health care services FOR ALL?
  - What gendered, age-specific, individualized models of care exist for AYP in SSA?

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# Acknowledgements



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