



P O L I C Y G U I D E L I N E S

for

Youth & Adolescent Health



DEPARTMENT: HEALTH

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HEALTH

Policy guidelines for Youth and
Adolescent health

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FOREWORD

Good Health of young people is crucial for the optimal development. Youth and adolescence are critical periods for intervention, in promoting healthy lifestyles. Young people are not just an important sector of the population, they are, the most important.

Youth and Adolescence are natural developmental stages and must be safe-guarded. Youth and Adolescent Health policy guidelines are the first national policy guidelines for the South African Adolescent and Youth. They represent an important milestone for young men and women of our country.

These policy guidelines appear at a time when there is an increasing international recognition of dedicating resources to adolescent and youth health, as the most important means of cost-effective long-term investment that a society can make.

The purpose of the policy guidelines is to give guidance to health workers in clinics, community health centres, youth centres and hospitals, first in preventing and responding to specific health problems in adolescence and youth, such as unsafe sexual behaviour, and secondly, promoting a healthy development of all adolescents and youth. The focus is on the positive potential of young people as opposed to the "problems" they manifest.

These guidelines were developed following a review of literature and consultation with the young people themselves, government departments, and non-governmental organizations for youth and adolescent in various sectors.

I wish to thank the team that spent many days, weeks and months in the production of this work of high quality. I also thank the people who supported them to make this project a success. I hope the implementation of these guidelines

will provide young people with services that are friendly to them. It will also improve the quality of care and promote a healthy lifestyle throughout adolescence and youth.



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MINISTER OF HEALTH

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Public Service Commission
Department of Social Development
South African Police Services
Department of Sports and Recreation
Youth Desk- Premiers Office

NON GOVERNMENTAL ORGANISATIONS

ATICC
Azanian Youth Organisations (AZAYO)
Border Institute of PHC
Family and Marriage of Society of South Africa (FAMSA)
HSDU
Health Academy
Health Care Trust
NPPHCN
PPASA
Reproductive Health Research Unit (RHRU)
Women's Health Project (WHP)
YDT
Youth Academy
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EDUCATIONAL INSTITUTIONS

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RELIGIOUS ORGANISATIONS

Apostolic Faith Mission Worship Centre
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Religious AIDS Programme
South African Association of Youth Clubs
Young men Christian Association

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EXECUTIVE SUMMARY

These are the first national policy guidelines for South African youth and adolescents (people aged 10 to 24 years). They were developed during a two-year process involving young people themselves, government departments and non-governmental organisations in various sectors. They appear at a time when there is increasing international recognition that dedicating resources to adolescent and youth health is one of the most important cost-effective long-term investments a society can make. The framework on which these guidelines are based was developed by the Adolescent Health and Development Programme of the World Health Organisation, in collaboration with the United Nations Population Fund and the United Nations Children's Fund.

Two strands weave through these policy guidelines: first, preventing and responding to specific health problems in adolescents and youth, and second, promoting the healthy development of all adolescents and youth. Healthy development includes the development of capacities, attributes and opportunities that promote the health of young people. The focus is on the positive potential of young people as opposed to the "problems" they manifest.

The guidelines are situated in the context of key legal, policy and treaty obligations:

- ☉ The Constitution of the Republic of South Africa
- ☉ United Nations Convention on the Rights of the Child and the National Programme of Action for Children in South Africa
- ☉ African Charter on the Rights and Welfare of Children
- ☉ Protocol on Health in the Southern African Development Community
- ☉ White Paper for the Transformation of the Health System in South Africa
- ☉ The Health Act, 1997

- ☉ The Child Care Act, 1983
- ☉ Liquor Act, 1989
- ☉ Choice on termination of Pregnancy Act, 1996
- ☉ Sterilisation Act, 1998
- ☉ Medical Scheme Act, 1998
- ☉ Domestic Violence Act, 1998
- ☉ Vision and mission of the Sub-directorate: Youth and Adolescent Health
- ☉ National Youth Policy

There are six **guiding principles** for adolescent and youth health that underlie these policy guidelines. **First, adolescent development underlies the prevention of health problems.** The interventions that are most successful in preventing specific health problems invariably do so by addressing developmental needs. **Second, problems are interrelated.** It is a common finding from studies in several parts of the world that problems tend to cluster. One should thus aim to develop interventions that address the common roots of this cluster of behaviours. **Third, adolescence and youth are times of opportunity and risk.**

Much of the risk is related to the development of a sense of identity, including the adoption of value systems. Thus, many of the decisions taken in adolescence and youth have an influence throughout the life span. Interventions during this phase can yield amplified benefits since their effects can be manifest throughout the life span. **Fourth, the social environment influences behaviour.** Aspects of the social environment that can have this effect include relationships with friends, parents and other family members, and other key adults such as school teachers and sports coaches; social attitudes and norms; and policies.

Fifth, not all young people are equally vulnerable. In particular, specific intervention strategies are necessary for those who are

"homeless", with disabilities, in places of safety and children's homes, in conflict with the law, who are abandoned, abused and neglected, living with HIV/AIDS, returned from exile, "illegal" immigrants, and young women and single mothers, and orphans (including "AIDS orphans"). Sixth, *gender considerations are fundamental* for adolescent and youth health, mainly because they are important determinants of access to economic resources, social services and other opportunities.

There are five **general intervention strategies** for adolescent and youth health:

- ☉ promoting a safe and supportive environment, which includes relationships with families, social norms and cultural practices, mass media, accessibility of key opportunities and commodities, and policies (including legislation);
- ☉ providing information;
- ☉ building skills;
- ☉ counselling; and
- ☉ access to health services.

These general strategies can be utilised to address the common roots of a range of problems. Each of these general intervention strategies can be applied in various settings, such as the:

- ☉ home,
- ☉ school,
- ☉ health facilities,
- ☉ workplace,
- ☉ street,
- ☉ community-based organisation and
- ☉ residential centre.

The settings differ according to the type of general strategy for which they are best suited, the populations of young people they are likely to

reach and the spheres of a young person's life on which they are likely to impact. Not all general strategies are necessarily appropriate for each setting. However, in principle one can consider a **matrix**, with general strategies on one axis and settings on another. The more comprehensive an adolescent and youth policy, the more general strategies would exist for each of the settings. Also, for each particular health problem, such a matrix can be created. The following eight health priorities are included in these policy guidelines:

- ☉ sexual and reproductive health;
- ☉ mental health;
- ☉ substance abuse;
- ☉ violence;
- ☉ unintentional injuries;
- ☉ birth defects and inherited disorders;
- ☉ nutrition; and
- ☉ oral health.

ABBREVIATIONS

Adolescent	A person aged 10 to 19 years	NGO:	Non-governmental organisation
AIDS:	Acquired immunodeficiency syndrome	PHC:	Primary health care
ATICC:	Aids Training, Information and Counselling Centre	RHRU:	Reproductive Health Research Unit
CBO:	Community Based Organisation	RSA:	Republic of South Africa
CBR:	Community Based Rehabilitation	RDP:	Reconstruction and Development Programme
CLIG:	Child Labour Inter-Sectoral Group	SAAYC:	South African Association of Youth Clubs
CEDAW:	Convention on the Elimination of all Forms of Discrimination Against Women	SAVAG:	South African Vitamin A Consultative Group
CEDPA:	Centre for Development and Population Activities	STD:	Sexually Transmitted Diseases
CRC:	Convention on the Rights of the Child	STI:	Sexual Transmitted Infection
CTOP:	Choice on Termination of Pregnancy	SWEAT:	Sex Workers Education and Advocacy Taskforce
DoH:	Department of Health	UN:	United Nations
HIV:	Human immunodeficiency virus	UNCRC:	United Nations Convention on the Rights of Children
IEC:	Information, education and communication	U5MR:	Under-Five Mortality Rate
ICPD:	International Conference on Population and Development	WHP:	Women's Health Project
IUPHC:	Institute for Urban Primary Health Care	YDT:	Youth Development Trust
INP:	Integrated Nutrition Programme	YMCA:	Young Men Christian Association
NASHI:	National Adolescent Sexual Health Initiatives	Young person:	A person aged 10 to 24 years
NCESS:	National Committee on Education and Support services	Youth:	A person aged 15 to 24 years
NCSNET:	National Commission on Special Needs in Education and Training		
MCWH:	Maternal Child and Woman's Health & Nutrition		
MEDICOS:	Medunsa Institute of Community Services		
MRC:	Medical Research Council		