



INCREASING NEW HIV INFECTIONS AMONG YOUNG PEOPLE: A threat to The Realization of Demographic Dividend in Kenya

Introduction

Demographic dividend refers to accelerated economic growth that may result from a rapid decline in a country's fertility and subsequent change in the population age structure. As a country begins to experience fewer annual births, its working-age population increases in relation to the young dependent population. In this case, more people join the labor force with consequent fewer dependants thus opening a window of opportunity for rapid economic growth. However, the outcome of the change in population structure is highly dependent on strategic social and economic investments and policies in health, education, governance, and the economy. The country's ability to harness the full potential of the young population joining the labor market is threatened by increasing health challenges. The National Adolescents and Youth Survey report 2015 identified HIV and AIDS and other Sexually Transmitted Infections (STI's), alcohol, drugs and substance abuse, teenage pregnancies and sexual and gender based violence as the main health issues facing the young people across the country. Adolescence is a life phase in which the opportunities for health are great and future patterns of adult health are established. A healthy youthful population is critical towards realization of demographic dividend. As such addressing new HIV infections and AIDS related deaths among the adolescents and young people through prevention, increased access and sustaining treatment is vital to the realization of Kenya's demographic dividend.

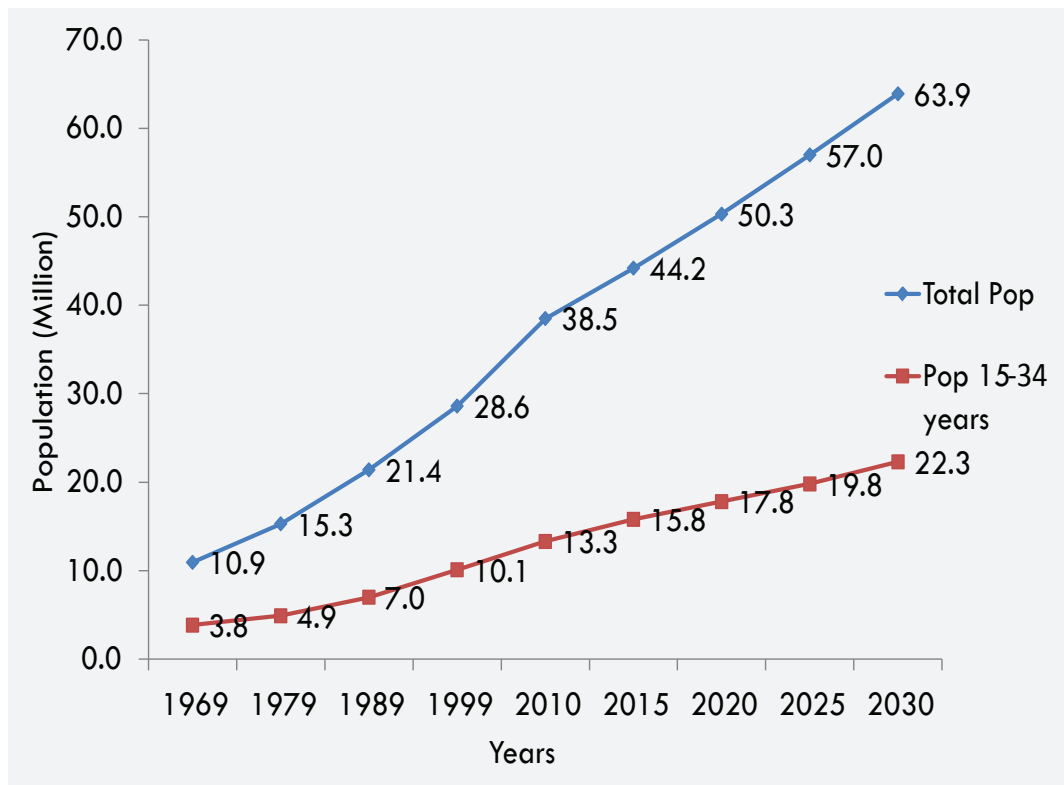
However, increasing new HIV infections among the adolescents and young people is emerging as one the biggest threat to the potential of young people as the key drivers of economic growth as the country seeks to reap its demographic dividend.

Current Situation

Kenya is still the transition from high to low birth rates coupled with low death rates. This has translated to a high population growth leading to a youthful population. Currently, over 80 per cent of the Kenyan population is aged 35 years and below. The Kenya constitution defines youth as persons aged between

18-34 years but this policy brief will focus on persons aged 15-34. The population aged 15-34 years is projected to be 20.8 million by 2020 and 28.4 million by 2030¹. In this case, the youthful population estimated to account for about 34.9 per cent of the total population by 2030 representing a phenomenon known as a youth bulge in which more than 20 per cent of a country's population comprises of the youth. As such, Kenya stands to reap its demographic dividend through strategic investment in health, education and socio-economic aspects.

Figure 1: Kenya's Total Population and Youth 15-34 years Growth, 1969-2030



Source: Computed from 1969, 1979, 1989, & 1999 Censuses and population projections

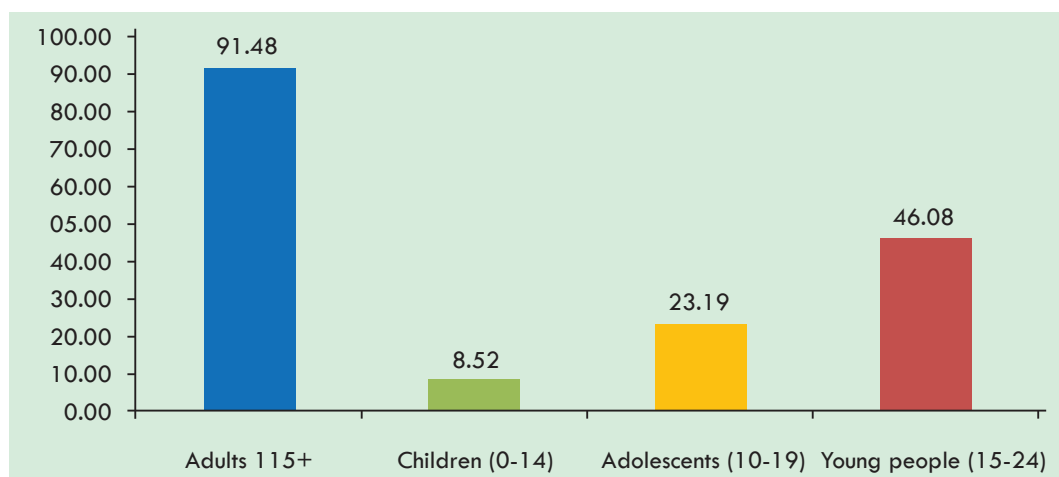
HIV & AIDS among Adolescents and Young People

Kenya has made tremendous progress in the fight against HIV and AIDS with the prevalence of HIV estimated to have reduced by half over a decade². This has been attributed to immense investment in the response to the HIV epidemic including scaling up of availability and access to antiretroviral treatment and HIV prevention interventions.

Nevertheless, the current trend of new infections reported among the adolescents and young people

threatens to undermine such gains and possibly revert to the high prevalence that saw HIV and AIDS declared a national disaster in the country. HIV prevalence stands at 5.9% (Approximately 1,517,707 people living with HIV). The total number of new infections by end of 2017 were estimated at 52,800. Infections among adults (over 15 years) stood at 44,800 with Adolescents and Young people (15-24 years) accounting for 17,667 of the total new adult HIV infections³. About 2 in every 5 adult new HIV infections occurred among youth 15-24 years (40%). Adolescents and Young People (15-24) accounted for 10% of all AIDS related deaths in 2017 (2800)

Figure 2: Trends in New HIV Infections



Source: NACC Estimates

HIV testing stood at 80.7% among young people aged 20-24 years, but among those aged 15-19 years testing was at 49.8%. Only 23.5% of adolescents aged 15-19 years know their HIV status. With investments and advocacy in the HIV response, age of sexual debut has increased from 14 to 16 years from 2008. However adolescent girls and young women account for 70% of Kenya's pregnancies (KDHS 2014).

The HIV epidemic still poses one of the greatest challenges in Kenya affecting health and social economic spheres of people's lives. The epidemic has changed the family landscape, resulting in a re-organization of roles and responsibilities, disrupting the lives of adolescents and young people driving up health care costs. Apart from increasing orphans, HIV infection and AIDS-related illnesses also contribute to the vulnerability of adolescents and young people putting them at risk of exploitation.

The trends in new infections among young people can be attributed to:-

- Limited knowledge on HIV and AIDS prevention interventions;
- Lack of access to HIV prevention methods like condoms;
- Poverty leading to girls and young women engaging in behavior that pits them at risk;
- Lack of access to education and retention in school;
- Economic vulnerability;
- Harmful practices and gender dynamics;
- Stigma, discrimination, drugs & alcohol among others.

Implication of HIV Infection among the Young People on Harnessing the Demographic Dividend

Youth potential in sparing economic growth in the country will only be achieved if significant investment is made towards improving their health and wellbeing. In essence, healthy youthful workers are more productive, be retained in the workforce, earn greater income for their families and contribute to higher levels of economic growth. On the other hand, studies have shown that the HIV and AIDS epidemic reduced the per capita income in affected country by 12 percent.⁴ One of the negative implications of increasing HIV prevalence on the potential of the country to reap the demographic dividend revolves around failure of the young people to realize their full potential in contributing to economic growth.

HIV and AIDS can reduce life expectancy of an individual by 15 to 20 years with concomitant decline

in the number of potential workers and increase in the number of dependents.⁵ This is especially true when a person who is HIV infected is not on antiretroviral treatment. If the current trends in new infections among the adolescents and youth are anything to go by, Kenya is likely to lose a significant number of young people from the working population by either death or inability to contribute fully in sparing accelerated economic as a result of poor health. With increasing new HIV infections among adolescents and youth, the journey to realization of the DD in the country is likely to face the challenge of increased dependents as a result of poor health thus limiting national productivity and the opportunity for economic growth.

A study conducted in South Africa provided evidence to suggest that HIV and AIDs can delay industrialization of an agricultural dependent economy by more than a century. In addition, HIV-positive status has been associated with a higher of unemployment by about 7% and even a higher risk among the low skilled or educated people⁶.

Increased prevalence of HIV and AIDs among the young people is likely to divert public resources from the investments in physical and human capital required to harness the DD to health expenditures. Over time, this is likely to result into slower growth of the gross domestic product. With declining donor support, resurgence of the HIV epidemic is likely to have devastating effects on efforts to harness the demographic dividend⁷.

A healthy adult population is also critical to realizing a demographic dividend. Healthy workers are more productive, bringing greater income to families and higher levels of economic growth for nations. Addressing HIV prevention and sustaining treatment among both younger and older adults is vital to improving the health of Kenya's population and the economic well-being of the country.

Recommendations

Kenya has recorded significant progress against HIV and AIDS in the past few years. This can be attributed to increased access to prevention and treatment intervention, increased access to information and high level political advocacy. However, the emerging trend in new HIV infections particularly among adolescents and young people presents a possibility of reversal in the gains made so far. There is a need for combined prevention interventions that requires other sectors outside health to play a critical role.

Key vulnerabilities that make adolescents and young people at risk for new HIV infections include lack of

access to HIV and SRH information, poverty, lack of access to education, poor retention and transition to secondary school, lack of economic empowerment, sexual and gender based violence (SGBV), economic vulnerability, harmful gender dynamics, and stigma and discrimination.

Therefore relevant sectors and ministries need to get involved in HIV prevention and increase efforts to ensure that there is access to education and efforts to provide economic empowerment to young people capitalizing on the talents that they have. The fight against alcohol and drugs needs to be a priority at both national and county level.

Key strategies include

Provision of social safety nets for adolescents and young people

Both structural determinants of health (e.g., national wealth and income inequality, access to education and health-care services, employment opportunities, and gender inequality) and proximal or intermediate determinants of health (e.g., connectedness of adolescents to family and school) affect health-related behaviors and states in adolescence. Whereas many social determinants contribute to an individual's health across their lifetime, some have particular salience during adolescence. Social determinants of health that specifically affect adolescents consist of policies and environments that support access to education, provide relevant resources for health, and create opportunities to enhance young people's autonomy, decision-making capacities, employment, and human rights.⁸

Integration of services that target adolescents and young people.

A human centered approach must be employed where we treat the “person” and the “disease”. Apart from HIV, other health challenges they face include mental health, addiction, TB and sexual and reproductive health challenges. Non-communicable diseases are also an emerging issue. Services to adolescents and young people should be comprehensive and start to address all these health concerns. Strategies that place the adolescent years centre stage—rather than focusing only on specific health agendas—provide important opportunities to improve health, both in adolescence and later in life. Integrated services must be friendly and appealing to young people, though convenient opening hours, being located in areas that young

people feel comfortable accessing, and with staff trained to be understanding and sensitive to young people's needs.

Increasing access to information

Implementation of life skills education in schools to provide accurate information on SRH to enable young people make informed decisions. Involvement and empowerment of parents is also critical in passing on this information to adolescents and young people.

Strategies to reach the out of school youth need to be revised and implemented through existing platforms through relevant ministries. Use on technology is important in reaching adolescents and young people. Available technological platforms must be utilized to give information not just on HIV but other health issues.

Increasing workforce opportunities

With transactional sex as one of the biggest drivers of new HIV infections, strengthening adolescents and young people's economic empowerment is critical to change this trend and create healthier and balanced society.

National and local schemes that provide workplace skills building, vocational training, support entrepreneurship and employment entry schemes are critical to develop the skill base of Kenya's youth and enable them to actively contribute on an ongoing basis to the economy, whilst protecting their health and supporting their families.

Giving adolescents and young people a stronger voice

Greater engagement of young people, whether as consumers of health services or recipients of preventive intervention programmes, will help to ensure the relevance of interventions that set out to target this diverse population. If adolescents are given a voice by being involved in the identification of their health issues and development of appropriate solutions, they will also be more visible to their communities, stakeholders, and decision makers.⁹

Conclusion

Healthy youthful workers are more productive, earn greater income for their families and contribute to higher levels of economic growth. Positive health behavior acquired during adolescence informs future health outcomes in adulthood. Therefore for Kenya to reap from this demographic dividend, the focus must shift and the Kenyan government through its different agencies and development partners must work together to reverse the upward trends in the number of new HIV infections and other health issues. Adolescents can be powerful agents of personal change and community development and they should be more prominent within future public health policies and programming in Kenya.

NCPD is a semi-autonomous government agency that formulates and Promotes population policy and coordinates related activities for sustainable development in Kenya.

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