



**HEALTH AND  
DEVELOPMENT**

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*Adolescent health:  
today's challenges,  
tomorrow's hope*





## NEWS

### Saving lives: forbidden

**“Savings lives: forbidden. EU deal outlaws NGOs as Libyans gather the corpses of children”.** This was how a front page article in the 30/6/18 edition of *Avvenire*, an Italian daily newspaper, summed up the outcome of the recent EU migration summit in Brussels, one whose main ingredients were apathy<sup>1</sup>, selfishness and – it must be said – a sheer lack of civic-mindedness. Faced with a crisis as shocking and dire as this one – the flight from Africa of thousands upon thousands of human beings – not a voice was raised to put forward an in-depth analysis of the causes or possible medium- and long-term solutions, and not a word of compassion was expressed about the horrific suffering and death that the situation has led to.

NGO rescue ships are no longer able to sail the waters of the Mediterranean to rescue the shipwrecked, and migrant death tolls are rising as a result (see **Table 1**). Europe once championed the law and universal human rights, but today nationalisms are once again rearing their ugly heads.

**TABLE 1 /** MIGRANT SEA ARRIVALS TO ITALY AND DEATHS, 2014-18

YEAR	MIGRANT ARRIVALS	MIGRANT DEATHS	MORTALITY % *
2014	170,100	3,165	1.84
2015	153,842	2,876	1.85
2016	181,436	4,581	2.49
2017	119,310	3,116	2.34
2018 **	6,161	358	5.65

\* The total number of deaths may be higher, as many who flee for Europe never reach its shores, yet are not recorded as deceased.

\*\* These numbers refer to the first three months of 2018.

Source: Rodolfo Saracci, “*Insidiosa Barbarie*”, in *Saluteinternazionale.info*, 27 June 2018 (<http://www.saluteinternazionale.info/2018/06/insidiosa-barbarie/>)

### NOTES

**1** This is the word used by the president of the Italian Red Cross, Francesco Rocca. <https://www.cri.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/16673>

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## EDITOR

Gavino Maciocco

## EDITORIAL STAFF

Andrea Atzori, Andrea Berti, Dante Carraro, Adriano Cattaneo, Donata Dalla Riva, Silvio Donà, Fabio Manenti, Martha Nyagaya, Ana Pilar Betran Lazaga, Giovanni Putoto, Angelo Stefanini, Anna Talami, Ademe Tsegaye, Calistus Wilunda

## EDITOR-IN-CHIEF

Anna Talami

## A PUBLICATION OF

Doctors with Africa CUAMM

## ADMINISTRATION

Via S. Francesco, 126 - 35121 Padova  
t 049 8751279-8751649  
f 049 8754738  
e-mail cuamm@cuamm.org

## EDITORIAL COORDINATION

Valentina Isidoris and Chiara Di Benedetto

## COVER ILLUSTRATION

Lorenzo Gritti

## LAYOUT AND PRINTING

Publistampa, Via Dolomiti, 36 - 38057 Pergine Valsugana (Trento)

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Sara Copeland Benjamin

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Millions of teenagers around the world lag behind their counterparts in high-income countries in terms of health, education and material well-being, with a growing and increasingly dire inequality gap that impacts not just themselves, but also the economic and social futures of their countries.



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## DIALOGUE

# BUILDING THE FUTURE BY PROTECTING YOUTH

Millions of adolescents lag behind their peers in wealthier parts of the world, deprived of health care and an adequate education, with an often serious impact on their futures. The hardest hit are those from sub-Saharan Africa, one of the most insecure places for young people from a health perspective. It is our duty to support prevention and treatment activities in order to ensure a better quality of life for them.

TEXT BY / DON DANTE CARRARO / DIRECTOR OF DOCTORS WITH AFRICA CUAMM

Adolescence is an important turning-point in human lives, the period during which one acquires the tools one needs to build one's own future. Yet often, and worldwide, the importance of adolescent health is underestimated. We tend to think of "youth" as a single, healthy and protected population segment, but this is anything but the case: more than one million adolescents die every year from violence, pregnancy-related complications and preventable diseases. And many of the diseases that affect adults are rooted in their behavior during adolescence, including tobacco abuse, poor eating habits and infection with sexually-transmitted diseases<sup>1</sup>.

Worldwide, too many adolescents lag behind others of the same age who have had the good fortune to be born in settings where peace and well-being prevail; many of their futures will be negatively impacted as a result. The hardest hit are those from low- and middle-income countries, such as those in the sub-Saharan region, which has one of the largest youth populations in the world but is also one of the most insecure places health-wise for young people, who are especially vulnerable to the so-called "diseases of poverty" such as malnutrition and HIV/AIDS.

Despite the progress that has been made over the last twenty years, entire populations in Africa continue to live in conditions of extreme poverty and underdevelopment. Every day we are eyewitnesses to the dire prospects that children and adolescents face from the day they are born: the strong likelihood that they will not live beyond their fifth birthday, and the fact that gaining access to health care and a basic education will remain a mirage for most of them. The gender inequality still so widespread in these areas will mean that the situation will be even worse for girls: forced to marry at very young ages, they will be prevented from continuing their schooling, and early pregnancy and childbirth will put their lives at risk. Many of the young women who travel long distances to get to one of our health centers are not yet twenty years old, yet have already been pregnant and given birth many times. In Mozambique, for example, up to 48.2% of girls aged 15 to 19 have wed and become pregnant, while in South Sudan, 52% are forced into child marriages, that is, before they reach the age of 18. It is simply unacceptable to see so many young people deprived of opportunities to invest in their own futures, to lead dignified existences and to contribute to the development of their respective countries. That is why we at CUAMM intend to expand the number of services we offer to young people and adolescents in the countries in which we work, in order to better protect and accompany them during this delicate transitional period, with the passage from pediatric care to adult health services. One example is Mozambique, where we have been supporting the work of the Ministry of Health since 2011, managing seven urban health centers in the city of Beira and six clinics aimed specifically at adolescents (*Serviço Amigo do Adolescente e Jovem – SAAJ*) that offer counseling on reproductive health, pregnancy and HIV/AIDS prevention (see page 14).

We believe that adolescents can be a true driver of change in their own countries. That's why part of our work involves engaging young people in order to improve their knowledge of health issues and help change the behavior of entire communities. In Sierra Leone we are supporting the health needs of this population segment with a project entitled "*Youth-led action research into adolescents' malaria knowledge, attitudes and behavior in Port Loko*". Carried out in partnership with Restless Development Sierra Leone (RDSL), a local development agency, and the organization e-Health Africa (eHA), it involves the implementation of a malaria prevention and treatment initiative with the support of a group of young people who collect data and conduct awareness-raising activities among the community (see page 17).

Even the simplest activities can lead to real opportunities for these adolescents, making it possible for them to aspire to a better quality of life both personally and for the generations who will follow them "The road is made by walking," wrote the poet Antonio Machado. And we agree; we want to walk side by side with young people, working both "in" and "with" Africa to help protect and build a more secure and stable future for them.

## NOTES

<sup>1</sup> WHO, *Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation*, available at <http://apps>

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## DIALOGUE

### I'M NOT A RACIST, BUT...

Almost everywhere, the migration issue has been used to condition the poorest social strata, those hardest hit by the ongoing socio-economic crisis, people whose material and non-material resources continue to shrink day after day. Who and what is responsible for their anger? “Political entrepreneurs of fear” and the tearing down of the welfare state.

TEXT BY / GAVINO MACIOCCO / DEPARTMENT OF EXPERIMENTAL AND CLINICAL MEDICINE, UNIVERSITY OF FLORENCE

“Thus one could argue that immigrants have every right to be here, since they are doing nothing more than asking us to account for all that we have stolen from them. But the issue of immigrants' rights is not only a moral one. The Universal Declaration of Human Rights and all the texts it has engendered over the past forty-plus years *require* us to consider every single inhabitant of our planet as individuals with lawful rights that establish, for example, that no human being can actually be considered a “foreigner” anywhere on Earth. In spite of everything, having immigrants settle among us provides a valuable opportunity to begin to create a truly global civilization, one based on the principles of diversity in equality and equality in diversity”.

These visionary words come from a piece written by Father Ernesto Balducci<sup>1</sup> for *CUAMM News*, the former title of the present magazine, back in 1990. “The current order of humankind is based,” he wrote, “on a flagrant injustice that cannot help but trouble one’s conscience. The proximity of individuals worn out by hunger and fear to others who are imperiled by the very opulence in which they live gives rise to a dark sense of disquietude that is, perhaps, the true root of the unease we see in contemporary society”.

In 1990 the phenomenon of migration to Italy was in its infancy; it would be many years before the consequences of globalization and the neoliberal policies that buttressed it began to affect our country. Then the historical and inexorable process that was migration came about at the same time as the most serious post-war economic crisis, one that – thanks to the neoliberal policies imposed by Eurocratic elites and the tearing down of the welfare state – impoverished a huge swath of the population, who began to perceive immigrants as the primary cause of their lot.

In their book “*I’m not a racist, but...*”<sup>2</sup>, Luigi Manconi and Federica Resta write: “Almost everywhere, the migration issue has been used to condition the poorest social strata, those hardest hit by the ongoing socio-economic crisis, people whose material and non-material resources continue to shrink day after day. Despite the fact that the number of sectors in which Italians are competing with immigrants for jobs is very limited, competition for scarce goods such as space, transport and services does in fact have a tendency to intensify. The issue of welfare services, especially, which many Italians believe only they themselves are entitled to, has given rise to xenophobic tensions, with people looking for someone to blame – that is, to scapegoat – for the shortage of services. [...] Not only do they envision immigrants as rivals, and hence enemies; they also feel that if the latter are given aid, then the resources designated for themselves are bound to shrink. The notion that the available means could be distributed in such a way as to allow everyone to help everyone else seems inconceivable to them, which matches up with their unreserved, mistrust of politics and gut-level notion that their own survival (or at least ability to have an adequate living standard) instead depends primarily on excluding and destroying those who are worse off, i.e. a zero-sum game”.

Paradoxically, those who benefit politically from generating such anger by scapegoating immigrants – the “political entrepreneurs of fear” – are the selfsame players who are stripping the welfare state of resources to the detriment of Italians and immigrants alike, and pandering to the wealthiest with tax cuts (e.g. the “flat tax” proposed by Italy’s recently-elected government). The country’s recent history vis-à-vis migration policy is shameful. Instead of governing the crisis, politicians have found it more advantageous, against the backdrop of the gradual erosion of the social rights of Italians, to channel public discontent toward immigrants.

#### NOTES

<sup>1</sup> Ernesto Balducci, who passed away in 1992, was a Piarist father and leading intellectual during the times of the Second Vatican Council. Director of the magazine *Testimonianze*, he was a driving force behind the

religious and political life of Florence and beyond.

<sup>2</sup> Luigi Manconi and Federica Resta, *Non sono razzista, ma*, Feltrinelli, 2017.



## **A NATIONAL SERVICE FOR HEALTH EMERGENCIES**

Sierra Leone's National Emergency Medical Service (NEMS), the country's first such program, was officially launched in Freetown on 21 February 2018. An initiative of Doctors with Africa CUAMM in partnership with the Veneto Region and the Center for Training and Research on Emergencies and Disasters (CRIMEDIM) at the University of Eastern Piedmont, the program involves the setting up of a national hotline for emergency medical service, with an operational headquarters responsible for handling incoming calls and mobilizing a fleet of 200 ambulances. Some 1,000 operators will work on this important initiative, whose aim is to guarantee emergency transport services to every Sierra Leonean in need of medical treatment or hospitalization.







## PEER EDUCATION: THE SISM EXPERIENCE

As part of its projects aimed at promoting health on the ground, the Italian Medical Students' Association (SISM) conducts peer education activities in Italian high schools, using informal education techniques to raise awareness among young people on issues related to sexual and reproductive health and human rights.

TEXT BY / CLAUDIA BARTALUCCI AND ALESSIA BIASOTTO / ITALIAN MEDICAL STUDENTS' ASSOCIATION (SISM)

### PEER EDUCATION: INFORMAL TEACHING

Developed in the 1960s, "peer education" is a pedagogical approach that UNESCO defines as "making use of members of a specific group in order to effect change among members of that same group". "Peers" can be equals in a variety of ways: because they are nearly the same age, belong to the same community, or share the same societal status or experiential background. There are many reasons for an individual's feeling that she or he is "the same as" someone else. Sometimes it simply involves the sharing of an attitude or approach, the way in which two people who share similar backgrounds and life contexts interrelate.

How, then, can an individual – in this case a peer educator – who is so similar to her or his interlocutor train the latter on a given topic? To become peer educators, individuals must learn about an issue in depth, in the process acquiring methodological skills that teach them how to convey that information to others. They then use informal education techniques to communicate knowledge and messages in an empathic, direct and experiential manner in order to bring about positive behavioral change. It does not matter how or why a group has formed; what is important is the creation of a level environment of equals to foster an atmosphere of dialogue, openness and sharing, all of which are essential when addressing sensitive topics such as reproductive health.

This is why it is crucial that those who want to undertake peer education activities be trained not only on the issues they will be handling and educating others on, but also team-building techniques, communication skills and theater-based activities, so that they can learn how to provide commentary and spur discussion using dynamic, stimulating and sometimes experiential approaches.

### BREAKING DOWN BARRIERS TO CREATE INFO/TRAINING OPPORTUNITIES

Peer education activities can play a vital role in building a community of equals who engage actively on issues including those related to personal and community health. That is why the Italian Medical Students' Association (SISM) supports this type of ap-

proach in its own educational activities, organizing an annual national event, *Italian Training in Peer Education (ITPE)* along with smaller local and regional events, in order to train young medical students in the technique. Aspiring educators experiment first-hand with informal education, discussing various aspects of the method and potential difficulties in implementing it. Once back home, these young people take a leading role in educational projects run in local high schools in areas such as sexual and reproductive health, where topics including contraception, sexually-transmitted diseases (STDs), pregnancy and gender identity are addressed.

Often taking place over a period of several days, the projects alternate team-building activities designed to build up a sense of group feeling and foster an open, non-judgmental environment where everyone feels free to express her or his opinions, with actual training sessions that use interactive exercises, teamwork and role play to enable group participants to directly explore each topic.

It is this informal atmosphere, whose key ingredients are sharing and freedom of expression, that allows young people to discuss highly sensitive subjects that are often taboo in the broader community. Peer education makes it possible for them to ask questions anonymously, to interact while exchanging opinions and to connect with the peer educator, breaking down the barriers of embarrassment and fear that young people often experience when discussing such issues.

### TALKING WITH ADOLESCENTS ABOUT SEXUAL AND REPRODUCTIVE HEALTH

Discussing reproductive and sexual health with this target population is especially important, as adolescence is a critical phase for individual development and a key moment in which to intervene with appropriate health-promotion strategies. Sexuality impacts not only the development and intellectual growth of young people, but also their health; indeed, STDs and unwanted pregnancies are the most serious social and economic problems facing adolescents worldwide.

Sexually-active adolescents have an especially high risk of contracting an STD compared to other age groups, due to their greater exposure and biological vulnerability to infection and



## PEER EDUCATION AT CASA MURRI

As part of SISM's work using the peer education method, we recently held four meetings on sexual and emotional education for our young guests at *Casa Murri*.

TEXT BY / CLAUDIA BARTALUCCI AND ALESSIA BIASOTTO / ITALIAN MEDICAL STUDENTS' ASSOCIATION (SISM)

A so-called "second-grade reception" community home for unaccompanied foreign minors who have arrived in Italy without their parents or other accompanying adults, *Casa Murri* is located on the outskirts of Bologna and is managed by social associations working with the city's Protection System for Asylum Seekers and Refugees (SPRAR).

Currently home to a dozen or so young people – mainly citizens of North Africa, the Middle East and the Balkan region aged between 14 and 17 – *Casa Murri* offers a range of services to help them find their feet in Italy, including cultural and linguistic mediation, orientation to available local services and job training.

It was in this context that the Bologna-based local office of the Italian Medical Students' Association (SISM) carried out its own activities for the home's young guests, designing and holding a series of four meetings on sexual and emotional education. Coordinated by SISM students trained in the peer education approach, the meetings focused on a range of issues related to sex education, such as sexually-transmitted diseases, the importance of contraception and available birth control methods, education on emotion, respect for one's partner, and information on how to access the services of the National Health Service and other forms of assistance offered to youth by districts and individual clinics.

The young people's different socio-cultural and religious backgrounds remained a key focus during the four days of training on topics as sensitive as sexuality and relationships; whenever necessary, we made use of special "pictograms" to help facilitate their understanding of the concepts and overcome linguistic barriers.

The overall experience was very positive: given the opportunity to interact with their peers while exploring such hard-to-discuss matters, the young guests of *Casa Murri* showed genuine interest and participated actively in the meetings. SISM hopes to repeat the experience and hopefully also to bring it to other such centers in the Bologna area.

poor access to health services. It is not easy to estimate STD incidence rates, particularly among adolescents; however, the prevalence of the most common pathologies has risen in several European countries over the last decade.

The 2014 report on Health Behavior in School-aged Children (HBSC)<sup>1</sup> shows that in Italy, 28% of 15-year-old males report having had sexual intercourse, while the percentage is lower (21%) among their female counterparts. The data also shows that 70.6% of the male respondents and 66.5% of the female ones reported use of a condom, followed by the withdrawal method (36.9% of boys and 52.4% of girls). Only 10.8% of the respondents used birth control pills, while 11.8% used other methods such as the calendar method or other means of "natural" birth control.

According to the ISTISAN 00/7 reports on reproductive health among Italian adolescents<sup>2</sup>, only 25% of the total sample of young people surveyed was aware of the existence of a family counseling center in the area where they lived, and only 4.1% said they had used the services offered there at least once.

There is clearly a disconnect between young people and sexual and reproductive health-related information, which is why SISM projects are designed based on an analysis of the social setting in question and of existing health needs and problem areas. Our vision and mission is to educate and raise awareness among young people vis-à-vis sensitive but priority issues, including those related to sexual and reproductive health. We are convinced that the peer education approach makes it possible to engage our students more deeply, stimulating young people as new, safer and more responsible environments are created.

### NOTES

<sup>1</sup> Health Behaviour in School-aged Children (HBSC) Italy, 2014 *National Report on HBSC Data in Italy*, available at <http://www.hbsc.unito.it/it/index.php/publicazioni/reportnazionali.html>

<sup>2</sup> Istituto Superiore di Sanità (Italian National Institute of Health), *Salute riproduttiva tra gli adolescenti: conoscenze, attitudini e comportamenti - Rapporti ISTISAN 00/7*, 2000, available at [http://old.iss.it/binary/publ/cont/00\\_7.pdf](http://old.iss.it/binary/publ/cont/00_7.pdf)



FORUM

## ADOLESCENT HEALTH (AT RISK)

Some 3,000 young people die around the world every day due to preventable causes including injuries, violence and infections. Many of the health risks that affect adolescents are due to the lack of health education available to them, yet they are rarely able to find and interact with individuals able to support them in this regard.

TEXT BY / DAMIANO PIZZOL / DOCTORS WITH AFRICA CUAMM - MOZAMBIQUE

### ADOLESCENCE TODAY

Adolescence is a phase of human development that involves constant and rapid change. Crucial for an individual's development, it is a period during which the determinants that influence health play a vital role both in the short and long term. Defined as the phase of life stretching from childhood to adulthood, adolescence also implies a transition from a condition of protection to one of independence. However, its temporal boundaries are still being debated, and several models reflecting its social, cultural and health aspects have been proposed to date. Sawyer and colleagues have suggested extending the definition of adolescence from 10-19 years to 10-24 years, given the delay in the transition age to adult roles in many developed settings<sup>1</sup>, while Kinghorn has proposed dividing the phase into three groups (young: ages 10-14; middle: ages 15-19; and late: ages 20-24) in order to optimize health-related interventions and policies for young people<sup>2</sup>. This subdivision is particularly helpful vis-à-vis developing countries, where various endemic diseases including HIV and sexually-transmitted diseases, as well as phenomena such as early pregnancy, require that immediate action be taken to formulate effective social and health policies to tackle them.

### RISK FACTORS IN THE GLOBAL NORTH AND SOUTH

Adolescents make up one-sixth of the world's population, and recent data show that some 3,000 young people die every day due to preventable causes including injuries, violence and infections<sup>3</sup>. From a health perspective, the problems faced by adolescents are substantially different based on the different settings in which they live. In high-resource countries, sexual health and lifestyles, including alcohol and drug use, are the main risk factors for young people's lives and health<sup>4</sup>. In these settings, easy access to the Internet - the primary source of information for today's adolescents, particularly as regards subjects still considered taboo, such as sexuality - increases the risks they face. Unrestrained access to pornography also exposes young people to a growing risk of negative change in their sexual behavior, attitudes and health, with a profound impact on the way they envision and experience sexuality and interact socially with their peers<sup>5</sup>.

The Internet also plays a major role vis-à-vis bullying and cyberbullying. Such episodes often have real-life implications, with actual acts of violence - of a physical, sexual or psychological nature - being perpetrated on young people, many of them under the age of 18, by their peers, family members or other adults, causing serious physical, emotional and behavioral trauma. Data from the World Health Organization are alarming: it is estimated that over 1 billion children aged 2 to 17 have experienced violence or sexual exploitation<sup>6</sup>. Female children and adolescents are the most vulnerable to sexual abuse and domestic violence, a phenomenon that is particularly pronounced in developing countries, where it can even lead to female genital mutilation.

Injuries, especially those resulting from road accidents, are a further risk factor for the health of young people in developed countries, and an increasing cause for concern. Road accidents in such settings are the cause of 10% of the deaths of young people aged 10 to 24, and approximately 20% of those of young men in higher age groups<sup>7</sup>. This phenomenon has also become a danger in less-developed Asian and African countries, which have experienced a rise in urbanization and traffic volumes in recent years, bringing a range of attendant risks and dangers.

The main problems affecting young people's health in limited-resource countries are infections, especially sexually-transmitted ones, and early pregnancy. HIV is undoubtedly the most serious of the former, given that every year roughly 2 million new cases of infection arise, and every hour 26 new infections occur in young people aged between 15 and 19. The worst-affected region is sub-Saharan Africa, which is home to 85% of all HIV positive adolescents<sup>8</sup>. Although the situation in Italy is nowhere near as dire, it too is cause for worry: Italy's National Institute of Health estimates that 4,000 Italians contract the virus every year, i.e. about one every 2 hours. Moreover, it is estimated that between 143,000 and 165,000 people live with HIV, with approximately 30,000 of them being unaware of their status, which fuels the risk of their transmitting the infection unknowingly.

Early pregnancy is the other critical issue in terms of the health of young people in low-resource countries, not only from a health perspective, but also because of its social and economic impact. It is estimated that one million girls under the age of 15 and approximately 16 million between the ages of 15 and 19, 95% of whom live in developing countries, give birth every year<sup>9</sup>. Early pregnancy poses risks both for the health of the mother

(including increased risk of fistulae, hypertension, eclampsia, prolonged labor) and for that of the newborn (including preterm birth, low birth weight, anemia, and sepsis). It is not by chance that worldwide, pregnancy and childbirth complications are the second leading cause of death among girls aged between 15 and 19<sup>10</sup>. Moreover, pregnancy is a cause of social discrimination and stigma against adolescent mothers-to-be and mothers, who often have to quit school, thereby reducing their opportunities for employment in the future. In developed countries the phenomenon is not nearly as widespread; even so, preliminary data from the Veneto region showing that one out of five 18-year-old women have resorted to the "morning-after pill" despite the availability of a range of effective contraceptive methods makes it clear that there is still much work to be done in terms of sex and reproductive education.

## INVESTING IN HEALTH CARE AND EDUCATION

Adolescents must often face health challenges alone, as they seem to fall outside the remit of both pediatricians and "adult" doctors. This problem is exacerbated by the lack of health education available to them and the fact that they can rarely find and interact with individuals able to help them in this regard, and sometimes turn to unsuitable sources while looking for answers

to their questions. As a result they not only fail to solve their problems, but can also worsen their conditions or expose themselves to further risks. There is clearly an urgent need for greater efforts to improve education, prevention and counseling and diagnostic and treatment services specifically for adolescents in hospitals, clinics, schools and youth centers.

Investing in young people's health can bring both short- and long-term benefits. Fostering healthier behavior, providing primary and secondary prevention and treating pathological conditions early on makes it possible to rapidly reduce the prevalence of diseases, thereby improving health and quality of life. In addition, teaching young people about healthy lifestyles to lower their exposure to preventable risks to the greatest extent possible makes it possible to reduce morbidity, disability and early mortality. Finally, fostering their physical, psychological and social well-being will also have repercussions on future generations, who will benefit from good practices and the reduction in risk factors to which they would otherwise have been exposed. National health programs must place greater focus on adolescents, who have specific needs related to their rapid physical, sexual, social and emotional development. The investments made will have a positive impact not only on the lives of today's young people but also those of future generations. Making joint efforts to help youth to develop the skills and abilities they need in order to grow is the best way of ensuring that adolescence becomes a phase of opportunity for all.

## NOTES

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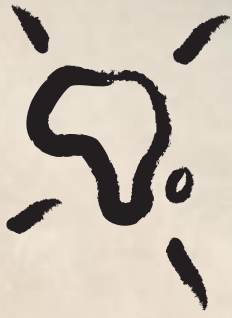
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**THE FIRST CHALLENGE: SURVIVING THE INITIAL DAYS OF LIFE**

According to new data from the World Health Organization and UNICEF, the global under-5 mortality rate fell from 9.9 million in 2000 to 5.6 million in 2016. Despite this progress, sub-Saharan Africa still has the world's highest infant mortality rates, with one out of eight children dying before the age of five and 46% of the deaths taking place in the first 28 days of life. Many of these deaths could be prevented through the use of simple, effective, low-cost interventions. That's why Doctors with Africa CUAMM supports research efforts in the areas of acute malnutrition, exclusive breastfeeding and infant services, so that we can take well-established evidence and turn it into best practice in support of newborns.







## EXPERIENCES FROM THE FIELD

### UGANDA: TACKLING EARLY PREGNANCY

In Uganda a very high percentage of the population is between the ages of 10 and 19, which means that there is often insufficient protection and care for the country's youth. The worst affected are girls and young women, many of whom are forced to drop out of school due to early pregnancy – a still-widespread phenomenon which has a dire impact on their lives.

TEXT BY / GIOVANNI PUTOTO AND VALENTINA ISIDORIS / DOCTORS WITH AFRICA CUAMM

#### HEALTH RISKS FACED BY ADOLESCENTS

Adolescents make up a large part of the world's population, and their absolute numbers are expected to rise over the next three decades, particularly in middle- and low-income countries. The consequences of this increase necessitate a greater focus on the needs of youth. Indeed, while this population segment has enormous potential, adolescence is also associated with risky behaviors that have led to a rise in the spread of sexually-transmitted diseases, injuries, substance abuse and early and unexpected pregnancies. The latter, in turn, lead to unsafe abortions and negative health and social outcomes both for young women and for their newborns.

Every year some 21 million young women between the ages of 15 and 19 and 2 million girls under the age of 15 become pregnant in developing regions<sup>1,2</sup>, and projections indicate that the number of adolescent pregnancies worldwide will rise by 2030<sup>3</sup>. Childbirth complications are among the leading causes of death among young women under the age of 20, and the risks can actually either double or quadruple depending on the health conditions and socio-economic status of the mothers-to-be.

The majority of early pregnancies occur in sub-Saharan Africa, and are linked to a set of interconnected drivers. On the one hand are health policy gaps, little or no sex and reproductive education in schools, and a dearth of health services able to meet the specific needs of adolescents; on the other are socio-cultural dynamics and practices that compel girls to marry and get pregnant early, forcing them to leave school prematurely.

Uganda has one of the highest numbers of adolescent girls worldwide, and the number continues to grow. In 2012 it was estimated that 24% of Ugandans were aged between 10 and 19 years. The country's high percentage of school drop-outs is a cause of great concern, especially in northern Uganda's Oyam district, where the number of primary school drop-outs – most of whom are girls forced to become young mothers – is nearly three times higher than the national average<sup>4,5</sup>. Adolescent pregnancy is a major public health problem in the district, with more than half of the population living in rural areas at least five kilometers from the nearest functioning health facility. Moreover, a host of socioeconomic drivers endemic to the country – including poverty, malnutrition, a lack of education and poor access to antenatal and emergency obstetric care – exacerbates the risk of pregnancies with complications.

Doctors with Africa CUAMM has been working in the Oyam district for years now, supporting the Aber hospital and 29 health centers located throughout the territory in a joint effort to raise community awareness about education, prenatal visits, assisted deliveries and emergency transport services. In order to better understand the needs of adolescent girls living in the district, CUAMM recently conducted a field study to assess their use of the maternal and reproductive health services made available there, identifying health system gaps as well as factors that hinder or motivate the use of services such as prenatal visits and assisted deliveries.

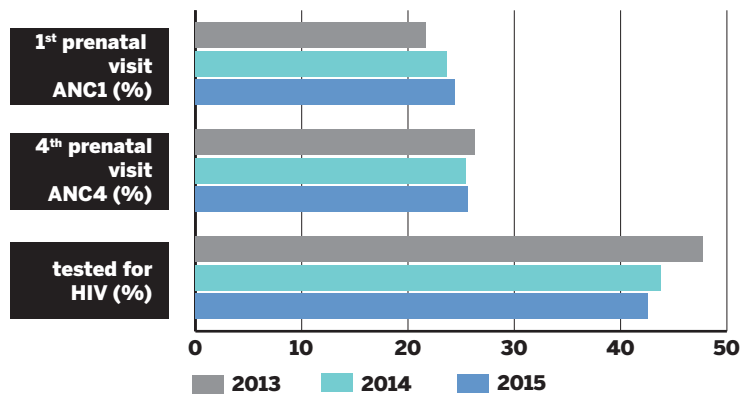
#### EARLY PREGNANCY IN THE OYAM DISTRICT

Our evaluation involved analyzing data on the use of health services by pregnant adolescents aged 10-19 over a three-year period (2013-15) of activity in the Aber hospital and 18 health facilities. We classified the latter in terms of how difficult it was for patients to reach them, based on traveling distance from their homes and area road conditions. Indeed, the district's health centers are distributed unevenly, with the result that some draw more users than others. There is also the problem of inadequate service availability, and the inadequate quality of the services provided by some of the health centers despite their proximity to communities: indeed, at least 42.5% of the population in Oyam has access to poor-quality services and must travel great distances in order to access better ones. Despite problems vis-à-vis access to health centers and the quality of the services provided there, 56.5% (54.6% - 61.1%) of the district's expected deliveries took place there, with a population coverage of 78.3%.

**Figure 1** shows adolescent girls' use of the services provided by local health centers and the Aber hospital. On average, 23.3% traveled to a health facility for an initial prenatal visit (ANC1 – Antenatal Care 1), while 25.8% went for a fourth and final prenatal visit (ANC4 – Antenatal Care 4) prior to childbirth. The average percentage of adolescent girls who had an HIV test while pregnant was 44.7%, but the number who did so in 2015 (42.6%) dropped in comparison with those who did in 2013 (47.7%).

Let's now look at the outcome of the deliveries that were carried out in the Oyam hospital and area health centers (**Figure 2**). An analysis of the data shows that 30.1% (27.5% - 31.8%) of the de-

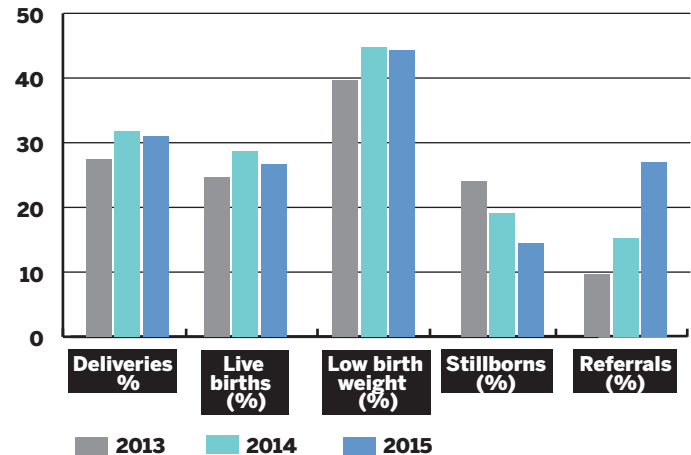
**FIGURE 1 / USE OF PRENATAL SERVICES BY ADOLESCENTS**



liveries that took place in the facilities involved in the study were those of adolescent girls. Here there is a dual concern: not only the high number of young women giving birth before the age of 20, but also the challenges that their newborns must then face. Indeed, babies born to adolescent mothers face higher risks, particularly if the latter are under the age of 15, when they are not only more likely to go into preterm labor or have a miscarriage, but also to deliver stillborn babies or babies with low birth weights. In the present study, 19.2% (14.5% - 24%) of stillborn babies and 42.7% (39.1% - 44.7%) of babies with low birth weights were born to adolescent mothers.

Overall, the use of maternal and reproductive health services by adolescent girls needs to be improved. Indeed, while these young women account for 30% of all deliveries recorded in the district of Oyam – a number that exceeds the national average – too few of them make use of the antenatal visits offered by health facilities, generating a host of grave repercussions.

**FIGURE 2 / OUTCOME OF DELIVERIES BY ADOLESCENTS IN THE ABER HOSPITAL AND HEALTH CENTERS INVOLVED IN THE STUDY**



A long-term intervention that takes socio-cultural, economic and health aspects into account will be required in order to improve the situation of adolescent girls in the Oyam district. It will involve carrying out community awareness-raising initiatives, engaging families to help ensure that girls are not forced to interrupt their studies, and working with school authorities to strengthen sex and reproductive education in schools. Finally, the girls themselves must be taught to become compelling peer educators, able to effectively communicate advice to their contemporaries. Early pregnancy is a complex issue. A greater commitment to solving it will be key in order to significantly reduce mortality among adolescent mothers, vulnerable young women who have the potential to become Uganda's future provided they receive the support they need.

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## EXPERIENCES FROM THE FIELD

# ADOLESCENTS AND HIV: CUAMM'S CHALLENGE IN MOZAMBIQUE

Comprising a third of the Mozambican population, adolescents are a particularly fragile category in a country where HIV prevalence is one of the highest in the world. For several years Doctors with Africa CUAMM has been helping to support clinics in Beira that provide health services to young people aged between 10 and 24, including reproductive health and HIV treatment.

TEXT BY / LILIANA PRATICÒ / DOCTORS WITH AFRICA CUAMM - MOZAMBIQUE

### A YOUNG BUT FRAGILE COUNTRY

Mozambique, which extends approximately 2,800 km from north to south and has 28.8 million inhabitants, is the ninth poorest country in the world. A socialist country, on paper it has a very well-organized, fully public health care system that promotes access to health facilities at every level: urban, provincial and rural, including hospitals, health units and mobile clinics for the most remote areas.

However, several problems prevent the system from functioning in an adequate manner. Although the country covers a very extensive territory, it has just over five doctors available for every 100,000 inhabitants. This precarious situation is made worse by the population's lack of confidence in conventional medicine, the dearth of financial resources allocated to the health system, and corruption at various levels in the country's management.

Life expectancy at birth is 59 years, and young people aged from 10 to 24 comprise approximately a third of the population. Worldwide, adolescence is a critically important phase in which to engage on the issue of reproductive health, but particularly so in settings with few educational means and little access to preventative tools. Among the leading causes of death for Mozambican children, AIDS is certainly one of the most significant. The country currently has an HIV prevalence of 13.2%, and it continues to rise, in some areas reaching as high as 26% of the population. There is still a widespread lack of accurate information among young Mozambicans on the risks and dangers of sexually-transmitted diseases, meaning that they are unaware both of their own health status and of the fact that appropriate treatment can make it possible to live with the disease. According to UNICEF, in fact, only 30% of young people between the ages of 14 and 19 fully understand the risks associated with HIV. Often young people's lack of knowledge goes hand in hand with an unwillingness to take a free diagnostic test for the disease and undergo treatment, due to their fear of being stigmatized by their community.

### A HEALTH SERVICE FOR TEENAGERS

In an effort to counter the growing trend of HIV infection in adolescents, in the late 1990s the Mozambique government launched

a program entitled "Geração Biz" to promote reproductive health education among them and other young people. Its aim is to involve young activists throughout the country, training them to become peer educators in the field both at the community and school level and in health centers.

Alongside these youth engagement activities, Mozambique's Ministry of Health (MISAU) has supported the creation of special structures within health centers for the integrated care of young people and adolescents between the ages of 10 and 24. Called *Serviço Amigo do Adolescente e Jovem* (SAAJ), these clinics offer free and voluntary access, with specially-trained personnel providing support and counseling on reproductive health and giving young people the opportunity to take free HIV tests and receive treatment, including psychological support, should they test positive.

At the same time MISAU has supported the creation of special "counseling corners" in schools and communities where adolescents can request information and, if they wish, be tested for HIV; those who test positive are accompanied to the nearest health center for appropriate treatment. These youth-dedicated spaces are essential for helping young people to gain awareness of their own health and to receive support and assistance as they seek to improve it. Indeed, adolescents who test positive for HIV are often stigmatized by their own families, even though their support is essential especially for young people who require life-long treatment to manage their illness.

### AWARENESS THAT STARTS WITH YOUTH ITSELF

In 2011 Doctors with Africa CUAMM began partnering with MISAU to improve child and adolescent health in the city of Beira, in a joint effort to reduce sexually-transmitted diseases around the country. The second largest city in Mozambique in terms of population, Beira has 16 urban health centers; CUAMM supports seven of them, with six SAAJ working specifically on HIV treatment, helping to implement clinical and community activities.

Local organizations including the youth groups Anandjira and Associação Geração Saudavel (AGS) partner with CUAMM in carrying out activities to raise awareness among adolescents about sexual and reproductive health, providing those who wish to have

**TABLE 1 / PATIENTS TESTED IN HEALTH CENTERS/SAAJS**  
(AUGUST 2016 - APRIL 2018)

	TOTAL	F	M
TESTED FOR HIV	27,682	18,312	9,370
HIV POSITIVE	854	670	184
PREVALENCE	3.1%	3.6%	2.0%

**TABLE 2 / PATIENTS TESTED IN COMMUNITIES**  
(AUGUST 2016 - APRIL 2018)

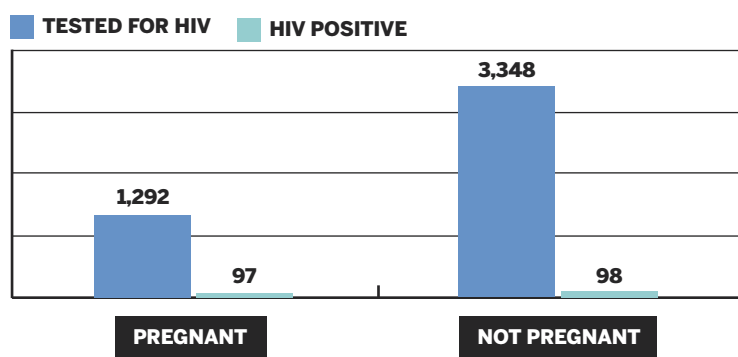
	TOTALE	F	M
TESTED FOR HIV	3,939	1,844	2,095
HIV POSITIVE	143	79	64
PREVALENCE	3.6%	4.2%	3.0%

an HIV test with the opportunity to do so. Many young people, in fact, do not know what HIV is, nor that HIV-positive individuals can receive treatment that enables them to live lives comparable to those of HIV-negative individuals.

Specifically, CUAMM trains activists from the aforementioned associations, providing them with the tools they need to engage adolescents during field activities. To date, more than 200 activists have been trained, most of whom now work alongside CUAMM in support of the SAAJs and the community. Taking turns in the clinics, these activists work alongside nurses and other health personnel, welcoming adolescent visitors and raising their awareness on reproductive health issues, substance addiction, HIV, and sexually-transmitted diseases. They also provide individual and group counseling services, encouraging young people to get tested for HIV and to not be afraid of learning the diagnosis, and supporting those who then undergo anti-retroviral therapy (ART) in order to keep as many as possible from dropping out of treatment.

**Tables 1 and 2** show the number of young people who were tested for HIV from August 2016 to April 2018, and the number

**FIGURE 1 / HIV PREVALENCE IN PREGNANT AND NON-PREGNANT YOUNG WOMEN** (JULY-DECEMBER 2017)



of patients who tested positive for the virus both in the health centers where CUAMM is active and in communities.

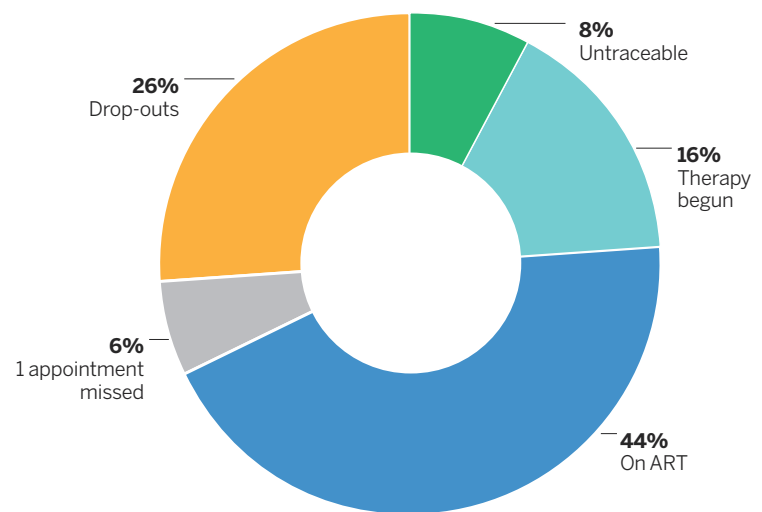
Those coming to the SAAJs for assistance are primarily young women, both pregnant and not (**Figure 1**). Indeed, pregnancy is one of the drivers that draw young mothers-to-be to a health center; they are more likely to come to a SAAJ for a check-up of their own health and that of their unborn babies than to request information on reproductive health or take an HIV test. It is also important to note that HIV prevalence is 7% among adolescents who are pregnant versus 3% among those who are not, which points to the need for including not just family planning but also HIV prevention in reproductive health education.

Unfortunately, one of the biggest problems that arise in our work with the SAAJs is patient retention and adherence to treatment, especially when an adolescent receives insufficient support from her or his family and has no positive examples to follow. Many young people drop out of treatment after only a few months, often due to a lack of support or because they believe they have returned to good health, so no longer feel the need for treatment. In other cases they feel embarrassed about their condition, preferring to disregard it to avoid potential discrimination. **Figure 2** shows those being treated as of March 2018 in four of the seven health centers where CUAMM is active, including the percentage of drop-outs.

These are the problems that the young people from our partner-associations face daily as they seek to encourage adolescents to stick with their treatment. Their work also goes on outside of the SAAJs, as they attempt to track down individuals who have dropped out of treatment, even going to their homes to persuade them to continue the therapy, and their families to support them as they do so.

Doctors with Africa CUAMM's technical staff lends its support to these young activists as they go about their work. They are

**FIGURE 2 / PATIENTS BEING TREATED IN SPECIFIC SAAJS** (MARCH 2018)



also helped by Kuplumussana, another local association made up of HIV-positive mothers to whom CUAMM provided assistance in the past, making it possible for them to undergo ART. While pregnant, many of these women traveled to health centers unaware of their HIV status; after they tested positive, CUAMM accompanied and supported them throughout the treatment process. In 2006 they decided to found an association with the dual aim of helping not only themselves, but also other HIV-positive mothers and teenagers, along the path to wellness. Currently 33 women are actively engaged in the association, supporting the activities of health centers through counseling, awareness-raising and home visits to ensure that HIV-positive adolescents have access to treatment, and therefore to survival.

Another important part of CUAMM's activities takes place at the community level, with the aim of drawing more young people to the health centers. These activities include awareness-raising

sessions run by activists both on the premises of the associations and in the health "counseling corners" at schools. CUAMM currently lends its support to five such schools, ensuring that young activists are available there on a daily basis both to assist students and support teachers. In addition, the activists do weekly theater shows in various Beira neighborhoods in order to raise awareness on HIV and reproductive health issues among as many community members as possible.

Much has improved since the project was launched: more than 30,000 people are being tested for HIV every year, and adherence to treatment is gradually improving, with a rise from 40% at the start of the project to nearly 60% today in some of the health centers. Much still needs to be done to support adolescents on the cusp of adulthood, who often lack adequate tools with which to protect themselves. The work done in Beira to date has only underscored how imperative it is to provide health services aimed specifically at young people.



## TAKING A CLOSER LOOK

# TACKLING MALARIA: THE ROLE OF ADOLESCENTS

Doctors with Africa CUAMM is taking part in a project to fight malaria in Sierra Leone's Port Loko district. It involves young people and adolescents who are playing a key role in designing and assessing initiatives aimed at improving the community's ability to identify, treat and prevent the disease.

TEXT BY / GIAMPIETRO PELLIZZER / DOCTORS WITH AFRICA CUAMM

Along with tuberculosis and AIDS, malaria is one of the most severe global public health emergencies: in 2016, there were an estimated 216 million cases of the disease and 445,000 confirmed deaths from it worldwide. The good news is that increased prevention and control measures have led to a 29% reduction in global malaria mortality rates since 2010. Indeed, we have seen ongoing and significant progress in the fight against the disease since 2000, thanks to the commitment of the international community and individual countries to implement highly effective tools such as early detection and diagnosis, appropriate treatment including intermittent preventive treatment in pregnant women and children, the use of insecticide-treated mosquito nets and insecticide sprays with long residual activity, and, finally, research and the monitoring of projects and programs to keep the disease in check.

However, in 2015 this positive trend began to slow down, and in 2016 it came to a halt altogether, pointing to the need to do something differently. But what, exactly? While expanding the resources available to fight the disease, including financing activities and personnel, can play an important role in reducing its spread, it is also vital to seek out new approaches and innovative tools.

In countries where it is endemic, malaria is the most frequent cause of illness and death among adolescents, who make up the majority of the population in sub-Saharan Africa. Yet malaria infection in adolescents remains a little-acknowledged problem in terms of prevention, diagnosis and treatment.

If it is true that the success of efforts to control malaria transmission depends heavily on a community's knowledge, attitudes and behavior vis-à-vis the disease, then adolescents can play a key role in improving all of the latter. This becomes possible when they are given the right to participate actively in decisions about their own lives, a right that can be built up by helping them acquire essential knowledge and skills. Adolescents, in fact, have their own very specific needs, needs that are distinct from those of children and adults and that national programs fail to adequately address.

Doctors with Africa CUAMM is currently supporting the health needs of adolescents through its participation – in partnership with Restless Development Sierra Leone (RDSL), a youth-led development agency, and the organization e-Health Africa (eHA) – in a project in Sierra Leone entitled “*Youth-led action research into adolescents' malaria knowledge, attitudes and behavior in Port Loko*”. The main objective of the project is to build up a mass of evidence on young people's attitudes, knowledge and behavior vis-à-vis malaria prevention and treatment in order to strengthen the quality and accessibility of basic malaria services in Port Loko, where malaria prevalence is 58.5%.

Part of the project's innovative approach lies in its involvement of a group of adolescents, both male and female, including young pregnant women and mothers with children under 5 who will be tasked, after undergoing a period of training, with collecting data to help identify the barriers hindering access to, and use of, services to combat malaria and assess which interventions are the most effective in terms of improving diagnosis, treatment and prevention within the community.

Doctors with Africa CUAMM is playing a technical role in the project, including running training activities, preparing questionnaires for qualitative and quantitative surveys, and formulating the malaria indicators linked to project activities.

Our aim in taking part in the project – against the backdrop of the recent Ebola epidemic, which had a devastating impact on Sierra Leone's social fabric – is to help build up and strengthen the local community's ability to tackle malaria. Fifty young researchers have received training since the beginning of 2018; in the coming months they will act as spokespeople, sharing what they have learned with the entire community. It is our hope that these young people – the future of this still-too-fragile country – will be successful in kick-starting necessary change.

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## REVIEW

# UNACCOMPANIED FOREIGN MINORS IN ITALY

In recent years a growing number of unaccompanied foreign minors have arrived in Italy. Mostly adolescent males from African and Asian countries, they are in need of a system of protection that takes into account their psycho-physical and social vulnerability.

TEXT BY / MAURIZIO MARCECA / PRESIDENT, ITALIAN SOCIETY OF MIGRATION MEDICINE

Against the backdrop of the complex, ever-shifting migration phenomenon, the situation of unaccompanied foreign minors (UFM) is one that calls for particular attention. UFM are defined as “minors without Italian or European Union citizenship who find themselves for any reason on the national territory [...] without the assistance or representation of parents or other adults who are legally responsible for them based on current Italian law” [Art. 2, co.1, L. 47/2017].

This is a growing phenomenon: 63,000 (73%) of the nearly 86,000 minors who arrived in Italy in the six-year period from 2011 to 2016 were UFM, meaning that nearly three out of every four faced the long journey alone. The UFM who reached Italy by sea in the same period came primarily from Egypt, Eritrea, Gambia, Nigeria, Somalia and Syria.

According to data recently published by Save the Children Italia<sup>1</sup>, in 2017 more than 17,300 minors arrived to Italy by sea, almost 16,000 of them (over 90%) unaccompanied<sup>2</sup>. Several factors underlie these ever-shifting migratory flows, with UFM leaving their countries of origin primarily based on three types of circumstances<sup>3</sup>: 1) the socio-political situation (fleeing from war, persecution, and/or conflicts); 2) the socio-economic situation (seeking job opportunities or being driven away from one’s country due to social breakdown); 3) for psycho-social factors (seeking new lifestyles/models). Finally, many minors are torn apart from their families during their journey abroad.

These young people are clearly in a state of multifaceted psychological and physical vulnerability, subject to abandonment, violence and exploitation, even more so in the case of the approximately 6,000 to 6,500 UFM who become untraceable every year.

Most UFM arrive to Italy via its southern regions, and the approximately 18,300 UFM recorded in 2017 are now somewhat unevenly distributed within the country’s different regions, with the majority (close to 44% of the total) in Sicily, followed by Cal-

abria, Lombardy, Lazio and Emilia Romagna (all with less than 8%). Almost 84% of the (primarily male) UFM housed in reception shelters are between 16 and 17 years old; more than 1,200 are less than 14 years old and more than 100 are younger than 6.

After landing in Italy, UFM must make their way through an often very complex, uneven migrant reception system, coping with hardship, uncertainty and only a limited degree of protection and integration. Italy’s Law 47/2017, known as the “*Legge Zampa*”, changed things for the better in terms of the protection of UFM, setting a forward-thinking international precedent by designing a tutelage system that prohibits their being turned away and provides for a coordinated reception system that links first- and second-grade reception facilities within the Protection System for Asylum Seekers and Refugees (SPRAR in Italian). The law also provides for greater protections of the right of UFM to education and health, as well as to support during administrative and legal proceedings.

A key element in the overall UFM reception process is how the age of these young people is ascertained: in fact, its determination has a major impact on the future tutelage of the (presumptive) minor. The Italian Society of Migration Medicine (ISMM) is currently working in partnership with the Italian Society of Pediatrics (ISP) to have the “*Multidisciplinary holistic protocol for age assessment*”<sup>4</sup> adopted nationwide, as well as carrying out training and continuing education courses for health workers from local health agencies on how to implement the protocol.

The challenge of taking in and protecting UFM is not an easy one, and much still needs to be done to ensure that they get the assistance and security they need. But we must never forget that they are not just migrants, but above all *minors*, alone without any adults to help or support them; and often too, young people who have survived unthinkably dangerous sea crossings and witnessed every kind of atrocity.

## NOTES

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<sup>2</sup> Italian Ministry of the Interior, *Dipartimento della pubblica sicurezza*, 2016-17

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<sup>4</sup> *Protocollo per l’identificazione e per l’accertamento olistico multidisciplinare dell’età dei minori non accompagnati* available at [https://www.minori.gov.it/sites/default/files/protocollo\\_identificazione\\_msna.pdf](https://www.minori.gov.it/sites/default/files/protocollo_identificazione_msna.pdf)

# PALESTINIAN YOUTH, BETWEEN VIOLENCE AND DENIED RIGHTS

From the birth of the State of Israel through today's massacres on Gaza's borders, Israel's military occupation and colonization of Palestine and expropriation of its lands have exacted a heavy toll on Palestinian youth. Humanitarian needs are overwhelming, and young people face violence every day.

TEXT BY / ANGELO STEFANINI / CENTER FOR INTERNATIONAL HEALTH (CIH), UNIVERSITY OF BOLOGNA

Palestinian society is very young: over two-thirds of the population living on the territory<sup>1</sup>, which Israel has occupied since 1967, is less than 24 years old, and one out of four Palestinians is aged between 10 and 19.

Today's Palestinian youth are heirs to a long history of life in exile, with military occupation, discrimination and forced expulsion shaping their identities and involving them in a conflict in which they face violence every day. Generation after generation of Palestinian youth, witnessing the humiliations that their parents must go through, have become the keepers of these memories, and their endurance of this relentless situation has exacted a heavy toll on them.

Israel has the dubious distinction of being the only country in the world to systematically prosecute hundreds of children in military courts year after year, depriving them of their right to a fair trial. Despite the fact that the United Nations defines children as "every human being under the age of 18", Israeli military courts are able to try and convict Palestinian children as adults from the age of 16. Moreover, even children aged from 5 to 16 are being held in Israeli prisons, often in appalling conditions. The NGO Addameer has estimated that in December 2017 some 350 Palestinian children were imprisoned in Israel, including 65 under the age of 16<sup>2</sup>; moreover, according to Defense for Children International Palestine, nearly 75% of them reported physical violence having taken place during their arrests<sup>3</sup>. The American Human Rights Council (AHRC-USA) asserts that these child prisoners are being subjected to arbitrary arrest, abuse, mistreatment and torture, in violation of their most basic human rights<sup>4</sup>.

Between 28 September 2000, the beginning of the Second Intifada, and 30 April 2017, more than 3,000 children were killed by the Israeli army or Jewish settlers, 13,000 more were injured and over 12,000 arrested<sup>5</sup>. Yet it is not just these young people's right to life that is being compromised; so are their rights to health and

education. In the West Bank, where almost a quarter of the population lives below the poverty line, facing obstacles such as road-blocks and the need for permits is a daily experience of those traveling to school, hospital or work. Humanitarian needs are overwhelming. It is extremely difficult for everyone, young people included, to access food, medical care and education or to rebuild their razed homes. Many key industries have been decimated and unemployment among young people is above 60%, the world's highest. Four out of ten children are malnourished and anemic. It is a common experience for Palestinian children to see their homes destroyed either by bombs, for example in Gaza, or by Israeli bulldozers, on the pretext that their owners lack building permits, or as collective punishment for the activism of a family member. From 1967 to today some 26,000 Palestinian homes have been demolished in the occupied territories. In 2014 in Gaza alone, 18,000 homes were destroyed by Israeli bombs, leaving approximately 108,000 homeless.

Despite a reprehensible lack of media coverage, few could ignore the massacre that Israel carried out on Gaza's borders in recent months. Faced with thousands of people protesting for the right to return to their homes, Israelis snipers shot onto the defenseless crowd, killing at least 121 individuals (thirteen of whom were less than 18 years old) and wounding more than 13,000 others. It is perhaps not by chance that 60% of the victims were shot in the lower limbs, given the practice seen in recent years – one that the Israeli military openly admits to – of "kneecapping" young people who protest, something that is bound to create an alarming number of disabled people in the near future<sup>6</sup>.

"Human rights transcend politics", the executive director of AHRC has stated. "Regardless of our political and ideological preferences we should all be outraged when human rights, especially those of children, are violated [...] The abuse of Palestinian children should shock the conscience of every person who believes in human rights and basic decency".

## NOTES

<sup>1</sup> In 2012 the U.N. General Assembly voted to recognize Palestine as a "non-member observer state".

<sup>2</sup> Addameer, *Imprisonment of children*, available at [http://www.addameer.org/the\\_prisoners/children](http://www.addameer.org/the_prisoners/children)

<sup>3</sup> Defence for Children International - Palestine, *Year-in-review: worst abuses against Palestinian children in 2017*, available at [http://www.dci-palestine.org/year\\_in\\_review\\_worst\\_abuses\\_against\\_palestinian\\_children\\_in\\_2017](http://www.dci-palestine.org/year_in_review_worst_abuses_against_palestinian_children_in_2017)

<sup>4</sup> AHRC, *Imprisonment of Palestinian children violates International Law*,

available at <https://www.ahrcusa.org/uncategorized/ahrc-imprisonment-of-palestinian-children-violates-international-law/>

<sup>5</sup> MEMO - Middle East Monitor, *Report: Israel killed 3,000 Palestinian children since 2000*, available at <https://www.middleeastmonitor.com/20170601-report-israel-killed-3000-palestinian-children-since-2000/>

<sup>6</sup> Salute Internazionale, *Vi azzopperemo tutti! La campagna di gambizzazione contro la protesta palestinese*, available at <http://www.saluteinternazionale.info/2018/05/vi-azzopperemo-tutti/>



# DOCTORS WITH AFRICA CUAMM

Founded in 1950, Doctors with Africa CUAMM was the first non-governmental organization focused on healthcare to be recognized by the Italian government. It is now the country's leading organization working to protect and improve the health of vulnerable communities in Sub-Saharan Africa.

CUAMM implements long-term development projects, working to ensure access to quality health care even in emergency situations.

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## HISTORY

In our **more than 60** years of existence

- **163** programs have been carried out;
- **1,569** individuals have worked on our projects;
- **41** countries have partnered with our organization;
- **217** hospitals have been assisted;
- **1,053** students have lodged at CUAMM's university college, including 688 Italians and 280 citizens from 34 other countries;
- **5,021** years of service have been provided, with each CUAMM worker serving for an average of three years.

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## SNAPSHOT

Doctors with Africa CUAMM is currently active in Angola, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania and Uganda with:

- **More than 70 major development projects** and approximately one hundred smaller related initiatives. Through this work we provide support to:
  - 23 hospitals;
  - 64 local districts (with activities focused on public health, maternal and infant health care, the fight against AIDS, tuberculosis, malaria and training);
  - 1,083 health facilities;
  - 3 nursing schools (in Lui, South Sudan; Matany, Uganda and Wolisso, Ethiopia);
  - 1 university (in Beira, Mozambique);
- **2,033 health workers**, including 218 from Europe and abroad.

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## IN EUROPE

Doctors with Africa CUAMM has long been active in Europe as well, carrying out projects to raise awareness and educate people on issues of international health cooperation and equity. In particular, CUAMM works with universities, institutions and other NGOs to bring about a society – both in Italy and in Europe – that understands the value of health as both a fundamental human right and an essential component for human development.

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## PLEASE SUPPORT OUR WORK

**Be part of our commitment to Africa in one of the following ways:**

- **Post office current account** no. 17101353 under the name of Doctors with Africa CUAMM
- **Bank transfer** IBAN IT 91 H 05018 12101 000000107890 at Banca Popolare Etica, Padua
- **Credit card** call +39-049-8751279
- **Online** [www.mediciconlafrica.org](http://www.mediciconlafrica.org)

Doctors with Africa CUAMM is a not-for-profit NGO; donations made to our organization are tax-deductible. You may indicate your own in your annual tax return statement, attaching the receipt.

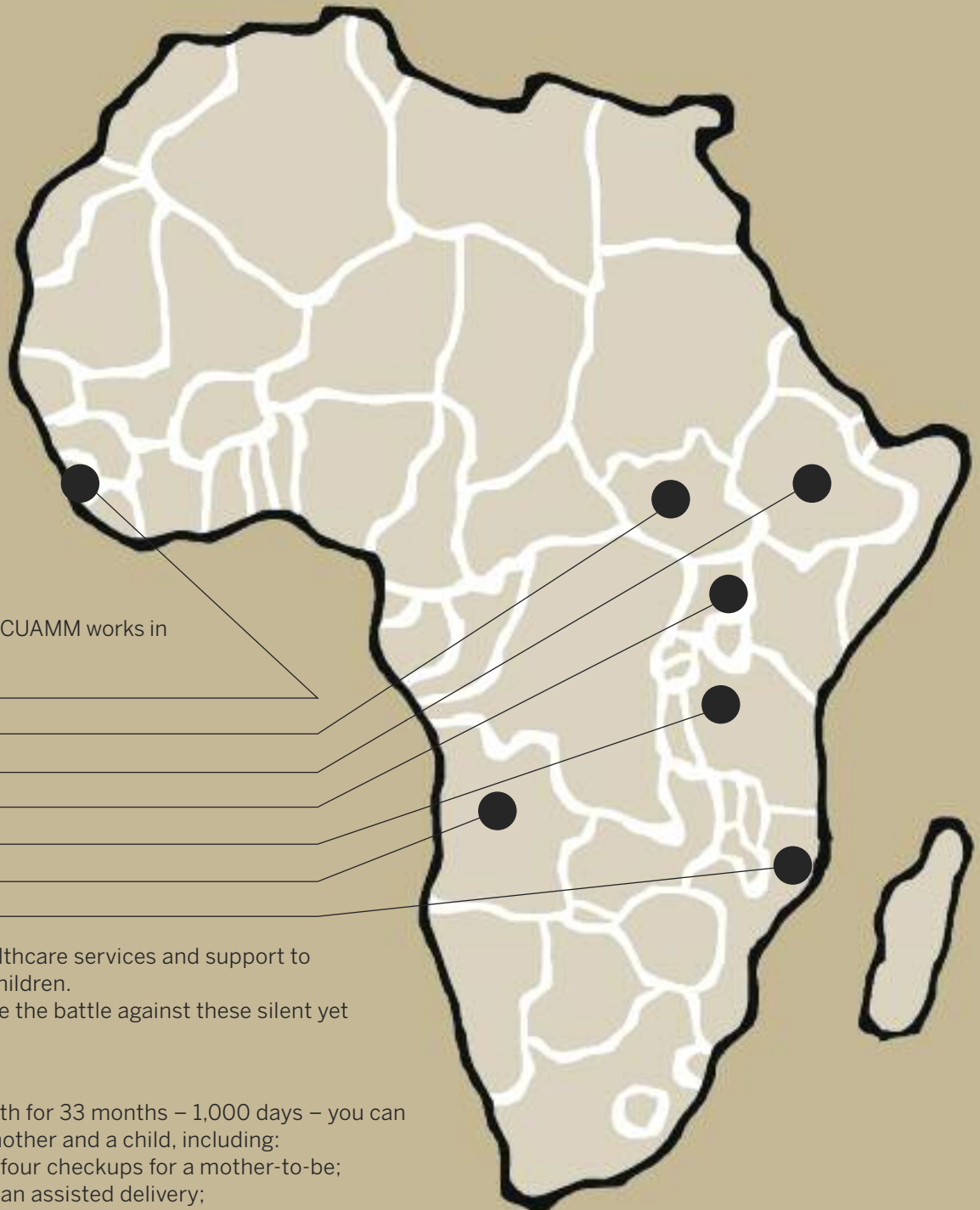
In **Health and Development** you will find studies, research and other articles which are unique to the Italian editorial world. Our publication needs the support of every reader and friend of Doctors with Africa CUAMM.



## AFRICA IN NEED

### EVERY YEAR IN SUB-SAHARAN AFRICA:

- 4.5 million children under the age of 5 die from preventable diseases that could be treated inexpensively;
- 1.2 million infants die in their first month of life due to lack of treatment;
- 265 thousand women die from pregnancy- or childbirth-related complications.



Doctors with Africa CUAMM works in

**SIERRA LEONE**

**SOUTH SUDAN**

**ETHIOPIA**

**UGANDA**

**TANZANIA**

**ANGOLA**

**MOZAMBIQUE**

where we offer healthcare services and support to such women and children.

Please help us wage the battle against these silent yet deadly scourges.

With just €6 a month for 33 months – 1,000 days – you can ensure care for a mother and a child, including:

- € 50 to provide four checkups for a mother-to-be;
- € 40 to provide an assisted delivery;
- € 30 to support a mother and her baby during the breastfeeding phase;
- € 80 to provide vaccinations and growth checkups during the weaning process.



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