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Are concepts of adolescence from the Global North appropriate for Africa? A debate

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INTRODUCTION

Adolescence is defined as the period from 10 to 19 years by the WHO. In 2016, the Lancet Commission on Adolescent Health defined adolescence universally as 'a critical phase in life for achieving human potential; where an individual acquires the physical, cognitive, emotional, social and economic recourses that are the foundation for later life health and well-being'.[1]

The aim of this paper is to explore the extent to which concepts of adolescence from the Global North are appropriate for health interventions in Africa. This is presented through a debate from a health perspective with the following resolution: *'Concepts of adolescence from the Global North are appropriate in Africa*'. Within this paper, concepts from the Global North broadly refer to sociocultural norms, ethical values and standards, political systems and technologies that have some origin in Western civilization. The paper premises that the contemporary concept of adolescence originated in the Global North.[2]

The debate was conducted at a scientific symposium titled 'Health of Adolescents and young people in Africa: Challenges and Solutions' in Mwanza, Tanzania in 2018 to celebrate the 10th Anniversary of the Mwanza Intervention Trial Unit. The motion was debated by two mid-career scientists, NN (a psychologist) and CDC (an epidemiologist) both of whom evaluate public health interventions for adolescents.

The underlying purpose of the debate was to interrogate whether the concept of adolescence that underpins the development of public health interventions can be widely applied to all contexts. A concept is a mental representation of an idea that involves thoughts and beliefs, cognitive grouping of experiences crucial for learning. The debate about the relevance of the concept of adolescence to Africa underpins a broader question about the appropriateness of universal concepts to shape global health guidance and policy.

SUMMARY BOX

- ⇒ Adolescence is widely defined as a distinct phase in the life-course during which an individual completes their biological development and transitions from childhood to adulthood.
- ⇒ This article presents a debate, conducted in 2018 at a scientific symposium in Mwanza, Tanzania, of the appropriateness of this for Africa, and by extension whether health interventions and global health policy that are shaped by such concepts can be universally applicable and relevant.
- ⇒ The proponents for the motion argued that adolescence is indeed a distinct developmental phase when puberty is achieved and the neurocognitive development that occurs shapes behaviours that impact health outcomes. This occurs universally, is marked by cultural rites, and recognised in legal frameworks and therefore geographical distinctions in understanding are unnecessary.
- ⇒ The opponents argued that adolescence is more than a biological or legally recognised transition to adulthood: instead, concepts, including that of adolescence, are shaped by beliefs, values and expectations founded within a cultural milieu. The concept is dissonant to Africa as it prioritises individualism over communalism, and attributes gender and social roles as accepted in the Global North.
- ⇒ Thus, many interventions targeted at adolescents in Africa have remained ineffective. The notion that the concept of adolescence, which originated in the Global North but is universally applied, is a consequence of colonialism giving less value to the lived realities and understandings of peoples from the Global South.

IN FAVOUR OF THE MOTION: DR CHIDO DZIVA CHIKWARI

Adolescence is globally recognised as a distinct life stage, widely understood as a

⇒ For achieving both epistemic justice and effective health policy and programmes in global health, acknowledgement and centralisation of context are critical. However, in a more interlinked and open world, there is a massive potential for cross-learning and collaboration across geographies to develop a concerted approach to improve the health of adolescents and for a more equitable global health practice.

⇒ However, adolescence is also a social entity shaped by beliefs and values within different cultural contexts. A move away from universal, often western-defined concepts of adolescence, to centring the distinct sociocultural factors that shape adolescence in different societies will enable more effective policies and programming.

phase of transition from childhood to adulthood.[3] It is a defined period of both physical and neurocognitive development. The recognition of this life stage is marked by cultural rites and recognised in legal frameworks. We argue that this demonstrates the universality of the concept of adolescence, and demonstrate how consideration of this phase as a distinct stage is critical for appropriate health programming for adolescents.

Adolescence is a distinct period of physical development

During adolescence, there is an acceleration of physical development at the end of which complete physical maturity is achieved. An example is the achievement of peak bone mass in the skeleton and completion of lung and brain growth. Importantly, it is during this phase of the life course that reproductive potential is achieved, which is critical for the survival of the human race. Development of secondary sexual characteristics occurs during adolescence, with well-defined stages (measured using Tanner Pubertal Staging) including development of breasts and occurrence of menarche in females and penile and testicular growth in males. This is a universal phenomenon with little difference in the timing of puberty between countries, but there is individual-level variability that may be driven by factors such as food insecurity or emotional deprivation.[4 5]

Neurocognitive development determines behaviour

It is well-recognised that adolescence is a period of substantial brain development. Evidence from cognitive neuroscience demonstrated that the social brain develops significantly during adolescence.[6] Importantly, it is the prefrontal cortex which develops most markedly during adolescence. This area of the brain is responsible for judgement, decision-making, organisation, planning and executive functioning.[7 8] Emotional development has also been linked to cognitive development.[9] In addition, neuroscientists have provided evidence to show that synaptic reorganisation of the prefrontal cortex is associated with many of specific behavioural manifestations during adolescence, for example, risk taking behaviour and experimentation which is particularly marked during adolescence.[10 11] Longitudinal studies globally show similar patterns of brain development which are comparable between datasets and cultures.[12] The underlying causes and impulses of risk taking, exploration and the pursuit of independence are universal and so are their long-term health implications for adolescents in future.

Experimentation and risk-taking during adolescence are associated with many behaviours such as sexual behaviour, alcohol, smoking and substance use, which in turn are risk factors for some of the leading causes of morbidity and mortality later in the life-course worldwide, for example, HIV and cardiovascular disease. Therefore, a specific focus on addressing these behaviours during adolescence is key to improving health both immediately and later in life.

The universal legal structuring of adolescence

It is during adolescence that autonomy to make decisions and social responsibility is obtained. This is enshrined in legal frameworks across the globe, examples including

- The right to vote.
- The right to drink alcohol.
- The right to marry.

Using five countries as examples, table 1 shows the age when it becomes permissible by law to vote, drink alcohol and marry, regardless of underlying social constructs. Adolescents in all these regions experience similar emancipation during adolescence.

While it may be argued that the legal frameworks may have origins in and been adopted from those in the Global North, in many instances it is short sighted to completely discredit a system based on its origins.

Table 1 Legal ages for voting, marriage and drinking in five countries

	Zimbabwe		Argentina		Iraq		France		Canada	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Legal voting age*	18	18	16	16	18	18	18	18	18	18
Legal drinking age†	18	18	18	18	21	21	18	18	18	18
Legal age for Marriage‡	18	18	18	16	18	18	18	18	18	18

*Lowering the Voting Age. Available from: https://aceproject.org/ace-en/topics/yt/yt20/lowering-the-voting-age. (Accessed 17 April 2023).
†World Population Review. Drinking Age By Country 2020. Available from: https://worldpopulationreview.com/countries/drinking-age-by-country/. (Accessed 17 April 2023).
‡UNdata. UNdata | table presentation | Legal Age for Marriage. Available from: https://data.un.org/DocumentData.aspx?id=336. (Accessed 17 April 2023).

More broadly this approach would discount the importance of global exchange of different types of knowledge, which has occurred for generations. In terms of legislature, there are many components of African traditional justice systems such as the need to resolve disputes, consensus-based decision-making and cooperation that are identical to the underpinnings of formal or Western justice systems.[13] These systems universally recognise the growing responsibilities and decision-making abilities that come with age.

Rites of passage and coming of age celebrations

The autonomy and change in social status discussed above that is achieved during adolescence is marked by celebrations which are practiced globally. Although the specific practices vary across cultures, religions and geographies, rites of passage and coming of age ceremonies are not unique to the Global North or South. Examples include the first holy communion in the Roman Catholic faith, the Bar and Bat Mitzvah ceremonies in the Jewish faith, the Misaq in the Islamic faith—all of which place responsibility of upholding religious responsibilities on to an individual. Other cultural rites of passage include the sweet 16 celebrations in north America, Russ celebrations in Norway, Okuyi celebrations in several West African nations and Ulwaluko (male circumcision) in South Africa which is also practiced by Indigenous Australians and the Maasai in Kenya to mention a few.[14] These events and celebrations landmark changes from childhood to adulthood and the recognition of the increased sense of responsibility accompanying this change. This demonstrates global recognition of a distinct life stage, supporting the case for the universality of the concept of adolescence.

Cross-cutting health needs across adolescence

The challenge that faces the global health community today is to improve health worldwide and achieve Universal Health Coverage. As such it is imperative to focus on and deal with cross-cutting health inequities. Adolescents constitute a sixth of the world's population (the largest cohort ever in history). Unlike maternal and child health, a focus on adolescents has been lacking until recently, due to poor visibility and lack of political commitment and funding. Strikingly, adolescent mortality has declined less than that of *all* other age groups. Adolescents worldwide confront grave inequalities in accessing health essential services, with healthcare delivery barriers to access being similar across many settings. In both the USA and Ghana for example, challenges included long waiting times and insufficient privacy and confidentiality.[15 16] Health outcomes among adolescents living with HIV are worse compared with those in adults, across different settings.[17] This highlights the need to listen to the voices and needs of adolescents wherever they may be and for the need for age-appropriate services.

We now live in a global community with increasing calls for the decolonisation of global health and the imperative to redress the dominance and power of the Global North. However, as noted above, public health challenges are cross-cutting and a more interlinked and open world has the potential to transcend and overcome cultural and national bottlenecks, to facilitate the provision and uptake of effective health interventions. Beaglehole and Bonita in their 2010 paper describing the meaning and scope of Global Health note that health is determined by problems, issues and concerns that transcend national boundaries.[18]

It is also important to acknowledge that the lived experience of adolescence is going to differ between individuals, including between adolescents within the same households and indeed within the same communities and geographical regions.[19 20] However, what is consistent across all settings are the developmental, emotional, social and legal changes that characterise this life phase which are associated with specific health needs, and the critical imperative to help adolescents achieve their potential. Improving adolescent health will bring a triple dividend: healthy adolescents now, healthy and productive adults in the future, and healthy children in the next generation.

Adolescents need unhindered access to youth friendly health promotion, prevention and care services regardless of context. What adolescents view as responsible youth friendly healthcare is similar across countries of all income levels and it is regressive to make inferences about differences or similarities simply based on geography. Instead, given that adolescence is a period of substantial development and social transition health professionals, policy-makers and advocates need to focus on the heterogeneity in needs across the adolescent period, for example, the differing needs of younger versus older adolescents. Divisions will not solve the global health challenges of today but may only exacerbate them and we argue for cross-learning across geographies to develop a concerted approach to improve health service delivery for adolescents.

AGAINST THE MOTION: DR NOTHANDO NGWENYA

The study of adolescence can be traced back to Hall's 1904 seminal work on the premise of adolescence as a time of 'storm and stress'.[21] This premise set the stage for most of the classic theories of human development such as Freud's psychoanalytic theory and Erikson's psychosocial theory which all show adolescence as a period of seeking autonomy and experiencing emotional turmoil.[22 23] These theories have been developed in settings in the Global North based on explicit assumptions and observations of the life and development of adolescents in a specific context which is not that of the Global South. This predominance of the perspective of adolescence from the Global North has been taken as a universal fact with little consideration of the different contexts. Context is broader than just the cultural aspects of values and beliefs and includes the social structures within which one lives such as political

processes, social and healthcare systems, both formal and informal structures. The implication of continuing this discourse is that the lived realities of adolescents from other cultures are largely ignored. It is therefore remiss of researchers and policy-makers in global health to continue to use theories and concepts that may not have the same meaning for people in the Global South.[24 25]

Cultural structuring of adolescence and social adolescence

The interaction between culture and context is important in framing human development and understanding adolescence.[26 27] It is widely accepted that adolescence is a transitional phase which involves multidimensional biological, neuropsychological, cognitive changes. However, adolescence is more than a universal biological stage—as with other life stages, it is underpinned by beliefs, values and expectations.[28] However, as important as these are, it is often less recognised and considered in the development and implementation of health interventions. Through the sociocultural lens, we get a better understanding of values, interdependence, how one perceives themselves and others and cultural normativeness, which influences behaviours and uptake of health interventions and programmes. For example, cultural norms shape agency and behavioural constructs, which are critical to the effectiveness of interventions for adolescents, as they heavily rely on these constructs.[29 30] Saraswathi highlighted the need to consider indigenous understandings of cultures including the importance of social class and gender in understanding adolescence, especially in cultures where these factors play an important role in how communities live and how decisions are made (eg, education, and marriage).[31] Gender socialisation in adolescence is inherently linked to culture. Gender socialisation is the process involved in the development of behaviour through internalising gender norms and roles.[32] Culture determines the socially constructed gender roles and the degree of autonomy and power attributed to particular genders.[33] For example, a patriarchal structure in some African cultures plays a significant role in how adolescents conceptualise and experience sexuality and relationships. In such a setting, it would therefore not be effective to develop an HIV prevention intervention that targets only adolescent girls and young women as they are not empowered to change behaviours and practice by themselves. It would also not be effective to target adolescent girls for gender-based violence programmes and not include men, and sometimes parents due to issues of structuring.

Similarly, understanding cultural norms may have to identify and address factors that inadvertently prevent certain groups from accessing interventions, for example, young women, and similarly to facilitate uptake of interventions, for example, uptake of voluntary medical male circumcision.

Dissonance of concepts from the Global North applied to Africa

Euro-American societies operate on the premise that development during adolescence is characterised by personal choice and autonomy.[34] These are values that are explicitly different from an interdependent pathway that places more emphasis on social obligations and relatedness.[35 36] Although this portrayal of adolescence as an independent phase is universally accepted, this concept is a nineteenth century cultural–historical construction developed during the industrial revolution when mandatory formal schooling was introduced and enforced, the completion of schooling providing a 'qualification' towards adulthood.[37] Hall acknowledged the influence of culture in his study of adolescence and stated that this was reflective of American society. While globalisation and social media expose adolescents globally to other perspectives and fosters new social worlds and channels of interaction, many health programmes and policies are developed based on the socioculture belief systems which most African communities have been forced to subscribe to. Euro-American systems are explicitly considered the universal norm and enforce adoption of policies that do not encompass the sociocultural norms of people in Africa, an inherently problematic symptom and consequence of colonialism. An example is family planning programmes that promote the delivery of contraception and family planning, but do not acknowledge that having a child is important to a young women to reinforce her role and her position within her society.[38] Importantly, we acknowledge that this should not condone harmful cultural practices.

Individualism versus communalism

Many African cultural concepts view the person within communal values and practices, promoting a relational-oriented personhood. An example is the Ubuntu philosophy—while different definitions exist, ubuntu is defined as 'A collection of values and practices that people of Africa or of African origin view as making people authentic human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing—an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world'.[39] We in no way imply or make the assumption that all African cultures are the same, and knowledge about one culture is generalisable to other cultures. We suggest that the concept of Ubuntu, which in various forms exists in different African settings, is an approach that could be used to shape health interventions for adolescents in Africa. Such an approach would prioritise the group or collective above the individual and focus on relatedness and connectedness and promote acceptability by aligning with local values, and potentially overcoming many barriers to uptake. In addition, development of interventions that promote collective responsibility dissipate stigma and reduce risk of failure. It would also redress the legacies of colonialism that enforced concepts that originated in the Global North as a universal paradigm, even if they did not account for the lived realities of the people from and living in Africa. An example of this

approach which is often not sufficiently acknowledged is how the vast numbers of AIDS orphans in southern and eastern Africa have been collectively cared for in communities rather than being institutionalised.[40–42]

Examples of the use of African concepts in intervention development

The argument put forward by this motion is for an increased focus on local and cultural specificity in developing and implementing interventions rather than pushing for universality. Local conceptualisation is particularly pertinent for adolescents who are in a transition stage of articulating, reflecting on experience and communicating complex feelings in a language construct of their understanding.[43]

Interventions that use contextual sensitivity are more likely to be accepted within local populations. A successful example is the 'Friendship bench', a brief psychological intervention that is built around the local concept of 'kufungisa' or *thinking too much*, instead of the Euro-American concept and definition of depression.[44] Encapsulating this local concept has made the intervention understandable and acceptable to those that need it. Another example is the update in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition which has incorporated a cultural formulation in diagnosis and providing patients with an interpretive framework that considers the experience and expressions of ill health.[1] Cultural idioms of phenomena help in developing interventions that make sense to communities as they underlie a person's self-understanding and self-representation.[45 46] An example used with youth in Nigeria is the PEN three cultural model which examines beliefs, values, resources to promote uptake of HIV self-testing in Nigeria. The relevance of this model within African contexts is that it is centred in cultural identity, relationships and expectations (in communities) and cultural empowerment.[47] It is underpinned and informed by a collectivist approach which speaks to a majority of African cultures.

The exclusionary colonialist process of only regarding adolescence within the knowledge systems and definitions that have originated in the Global North and are regarded as universal can be limiting and result in potential adverse health outcomes as observed in the COVID-19 pandemic when lockdowns were mandated in many African countries imposing substantial stress on households that relied on daily wage-earning.[48] Instead, local sociocultural constructs should be integral to the design and delivery of health interventions not only for adolescents but more broadly across global health.

CONCLUSION

Adolescence is widely considered a distinct stage marked by physical and neurocognitive development, as well as attainment of increased autonomy and social responsibility. Within this debate, it is argued that given that this is a universal recognised phase, the global health community can employ a concerted and cross-cultural approach to addressing the substantial barriers to adolescents achieving optimal health and well-being and achieving their full potential.

However, the current construct of adolescence is derived from concepts developed in the Global North and raises the question as to whether it is appropriate for Africa. Within the debate, it is argued that the concept of adolescence is also shaped by beliefs and values of different cultural contexts. A move away from universal, western-defined concepts of adolescence, to centring the distinct sociocultural factors that shape adolescence in different societies will enable more effective policies and programming. As such, contextualisation of interventions to improve their suitability and acceptability in different groups is critical.

The debate around the universality of the concept of adolescence highlights the fundamental need to dismantle the continuing underlying belief systems developed in the Global North, that have often advertently or inadvertently invalidated belief systems of other cultures, a persisting consequence of the colonial past. The move to decolonise global health has gained momentum in the past decade, and we encourage more reflexivity or 'conscious self-awareness' in the design and implementation of health programmes not only for adolescent health but more generally in global health.[49] Development and implementation of adolescent health interventions in Africa still have their foundation on ideologies and practices derived from the Global North.[50] From our limited critical reflection coupled with our combined years working in Africa, there are few interventions that have their foundation in indigenous knowledge. The African continent is experience a 'youth bulge' with numbers of adolescents projected to continue to increase over the next two decades. Adolescents in the Global South are still largely not heard, and while initiatives such as the '*Nothing for me without me*' are gathering momentum, there is also an obligation to hear their distinct voice and acknowledge their distinct context.

We posit that there is space and a place for indigenous knowledge and practices within global public health. In our argument, decolonising public health does not infer a complete removal of western philosophy or systems, but calls for inclusivity. We also caution against generalising the findings in a way that fails to see the remarkable differences across settings and cultures within Africa itself.

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